

**Parental Permission:**

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named on the attached form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Please return to the school nurse before the first practice of the season. Students without this form on file will not be allowed to practice or otherwise participate.**

**TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE**

**Sports Participation (check)**

\_\_\_\_\_ Approved      \_\_\_\_\_ Referred to School Physician

Signed: \_\_\_\_\_, School Nurse      Date: \_\_\_\_\_

**If referred to the school physician (check)**

\_\_\_\_\_ Re-qualified      \_\_\_\_\_ Disqualified

Signed: \_\_\_\_\_, MD      Date: \_\_\_\_\_