**FORM A**

# ATHLETIC PARTICIPATION FORM

***This form is to be completed on behalf of a student who wishes to participate in interschool sports and returned to the coach prior to the student's first practice.***

**Student's Name:** ______________________________ **School:** ____________________________

**Address:** __________________________________________________ **Postal Code:** ___________

**Phone #:** ______________________________ **Health Card #:** ______________________

**Parent/Guardian:** ____________________________________ **Work Phone #:** ________________

**Student's Physician:** ________________________________ **Phone #:** _________________

**Emergency Contact Name:** ____________________________ **Phone #:** _________________

| **Note to Parent/Guardian: An annual medical examination is recommended.** |
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**MEDICAL INFORMATION:**

1. **Date of Last Complete Examination:** ______________________________
2. **Date of Last Tetanus Immunization:** ______________________________
3. **Is your son/daughter/ward allergic to any drugs, food, medication or other? Yes _____ No _____ If yes, provide details:** _______________________________________________________________ ___.
4. **Does your son/daughter/ward take any prescription drugs? Yes _____ No _____ If yes, provide details:**
   ________________________________________________________________________________
5. **What medication(s) should the participant have on hand during the sport activity?** ___________ ___
6. **Does your son/daughter/ward wear a medical alert bracelet _____, neckchain _____ or carry a medical alert card? Yes _____ No _____**
7. **Does your son/daughter/ward wear eyeglasses? Yes _____ No _____ Contact Lenses? Yes ___ No ___**

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8. **Please indicate if your son/daughter/ward has been subject to any of the following and provide pertinent details: ☐ epilepsy ☐ diabetes ☐ orthopedic problems ☐ deaf or hard of hearing ☐ asthma**

   **☐ allergies ____________________________________________________________**

   **☐ head or back injuries (in the past two years) _____________________________________**

   **☐ arthritis or rheumatism ☐ chronic nosebleeds ☐ dizziness ☐ headaches ☐ hernia ☐ swollen, hypermobile or painful joints ☐ trick or lock knee _______________________________________**

   **Any other medical information that will limit participation? ________________________________**

9. **Should your son/daughter/ward sustain an injury or contract an illness requiring medical attention during the competitive season, notify the coach and complete the "Resume Athletic Participation" Form, if applicable.**

**MEDICAL SERVICES AUTHORIZATION (optional):** In case of emergency or hospital services being required by the above listed participation, and while the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes medical personnel and/or hospital to administer medical and/or surgical services including anesthesia and drugs. I understand that any cost will be my responsibility.

Signature of Parent/Guardian: ________________________________________ Date: ______________________________