Dear Parent of ____________________________________

(student's name)  (grade)

If you wish your son/daughter to participate in athletic activities sponsored by the school, it is necessary that you sign the attached permission slip and return it to the Head Coach or Activity Sponsor. Students will not be allowed to participate until a signed permission slip has been returned. A new permission slip must be signed for each sport. All accidents must be reported to the Nurse's Office as soon as possible.

**ACTIVITY PERMISSION SLIP**

SPORT ___________________  GRADE ___________

I have read the above letter. There is no known medical reason (disease or injury) why my child cannot participate in sports. I request permission for (student's name)______________________________ to be permitted to participate in all activities unless otherwise notified by me in writing.

Prior to the start of tryout sessions or practice at the beginning of each session, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

**HISTORY SINCE LAST HEALTH APPRAISAL:**

If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer below:

1. Any injuries requiring medical attention? □ YES  □ NO
2. Any Illness lasting more than five (5) days? □ YES  □ NO
3. Taking medicine or under physician's care at this time? □ YES  □ NO
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? □ YES  □ NO
5. Change in wearing glasses or contact lens? □ YES  □ NO
6. Any surgical operations or fractures? □ YES  □ NO
7. Any treatment in a hospital or emergency room? □ YES  □ NO
8. Developed any allergies? □ YES  □ NO
9. Any chronic disease? □ YES  □ NO

Describe the condition or situation that caused any questions answered "YES"
________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

**PARENTAL PERMISSION**

I, the undersigned, clearly understand these questions are asked in order to decide if any child can safely participate in (activity) __________________________________________. The answers are correct as of this date and he/she has my permission to participate. I also understand that my personal insurance will be responsible for injuries that might occur in the participation of interscholastic sports. I have read and understand the provided student & parent information sheet on concussions: the invisible injury. Additional information regarding head injuries is provided to me at NYSPHAA.org as well as the school website.

Signed _____________________________________  Date _____________  Emergency Phone #________________

June 2013