

**INTERSCHOLASTIC SPORTS PERMISSION SLIP**

Any student who wishes to participate in the interscholastic sports programs during the school year must bring this form home and have it filled out and signed by a parent. This form must be returned before a student will be allowed to participate in the sports program. A **separate** permission slip must be signed for each sport a student wishes to participate in. A physical examination is required for participation in any interscholastic sport and is subject to the approval of the school physician. Athlete is also required to complete baseline ImPACT concussion test.

Please check this box if you **DO NOT** want your son/daughter to take the test. **NO**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check **only one** sport, and note that a **new permission slip** is **needed** for each sport season.

**FALL SPORTS**

FOOTBALL \_\_\_\_\_  
 SOCCER \_\_\_\_\_  
 CROSS COUNTRY \_\_\_\_\_  
 TENNIS \_\_\_\_\_  
 FIELD HOCKEY \_\_\_\_\_  
 VOLLEYBALL \_\_\_\_\_  
 CHEERLEADING \_\_\_\_\_

**WINTER SPORTS**

BASKETBALL \_\_\_\_\_  
 WRESTLING \_\_\_\_\_  
 GYMNASTICS \_\_\_\_\_  
 BOWLING \_\_\_\_\_  
 SKIING \_\_\_\_\_  
 ICE HOCKEY \_\_\_\_\_  
 CHEERLEADING \_\_\_\_\_  
 TRACK \_\_\_\_\_

**SPRING SPORTS**

BASEBALL \_\_\_\_\_  
 SOFTBALL \_\_\_\_\_  
 TRACK \_\_\_\_\_  
 LACROSSE \_\_\_\_\_  
 TENNIS \_\_\_\_\_  
 GOLF \_\_\_\_\_

**HEALTH HISTORY TO BE COMPLETED BY PARENT**

Has your child ever had: (please check)

|  | YES                   | NO                    |                                    | YES                   | NO                    |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|
| Seasonal Allergy                       | <input type="radio"/> | <input type="radio"/> | Elevated Blood Pressure            | <input type="radio"/> | <input type="radio"/> |
| Allergies _____                        | <input type="radio"/> | <input type="radio"/> | Headaches / Frequent or Severe     | <input type="radio"/> | <input type="radio"/> |
| Bee Sting Allergy                      | <input type="radio"/> | <input type="radio"/> | Head Injury / Concussion           | <input type="radio"/> | <input type="radio"/> |
| Epi Pen Required                       | <input type="radio"/> | <input type="radio"/> | Heart Problem/Murmur-Chest Pain    | <input type="radio"/> | <input type="radio"/> |
| Asthma                                 | <input type="radio"/> | <input type="radio"/> | Any Bleeding Disorder              | <input type="radio"/> | <input type="radio"/> |
| Inhaler for Sports                     | <input type="radio"/> | <input type="radio"/> |                                    |                       |                       |
| Anemia                                 | <input type="radio"/> | <input type="radio"/> | Ankle Injury                       | <input type="radio"/> | <input type="radio"/> |
| Arthritis                              | <input type="radio"/> | <input type="radio"/> | Back Pain/Injury                   | <input type="radio"/> | <input type="radio"/> |
| Bladder / Kidney Problem or Injury     | <input type="radio"/> | <input type="radio"/> | Fracture-Dislocation Bones/Joints  | <input type="radio"/> | <input type="radio"/> |
| Convulsions / Seizures                 | <input type="radio"/> | <input type="radio"/> | Knee Pain/Injury                   | <input type="radio"/> | <input type="radio"/> |
| Fainting Spells                        | <input type="radio"/> | <input type="radio"/> | Neck Injury                        | <input type="radio"/> | <input type="radio"/> |
| Diabetes                               | <input type="radio"/> | <input type="radio"/> | Nose Fracture                      | <input type="radio"/> | <input type="radio"/> |
| Ear Problems / Hearing Loss            | <input type="radio"/> | <input type="radio"/> | Overnight Hospitalization          | <input type="radio"/> | <input type="radio"/> |
| Eye Problems / Vision Loss             | <input type="radio"/> | <input type="radio"/> | Stomach Ulcer                      | <input type="radio"/> | <input type="radio"/> |
| Injury to Spleen                       | <input type="radio"/> | <input type="radio"/> | Viral Infection within Last Month, | <input type="radio"/> | <input type="radio"/> |
| Joint Sprain/Ligament Tear/Muscle Pull | <input type="radio"/> | <input type="radio"/> | (i.e. mono)                        |                       |                       |

Does your child have any of the following:

|  | YES                   | NO                    |
|--|-----------------------|-----------------------|
| Severe uncorrectable loss of vision in one or both eyes.....   | <input type="radio"/> | <input type="radio"/> |
| Severe hearing loss in one or both ears.....   | <input type="radio"/> | <input type="radio"/> |
| One kidney.....  | <input type="radio"/> | <input type="radio"/> |
| One testicle.....  | <input type="radio"/> | <input type="radio"/> |
| Has your child been ill for five (5) consecutive days? .....   | <input type="radio"/> | <input type="radio"/> |
| <hr/>  |                       |                       |
| Is your child taking any medications now? .....  | <input type="radio"/> | <input type="radio"/> |
| If so, why? .....  |                       |                       |
| <hr/>  |                       |                       |
| Has your child ever fainted during exercise? .....   | <input type="radio"/> | <input type="radio"/> |
| If so, explain: .....  |                       |                       |
| <hr/>  |                       |                       |
| Has there ever been sudden death or heart problems in a family member under fifty (50) years of age?.....  | <input type="radio"/> | <input type="radio"/> |
| If so, explain: .....  |                       |                       |
| <hr/>  |                       |                       |
| Has a physician ever restricted or denied your child participation in sports for any heart problems? ..... | <input type="radio"/> | <input type="radio"/> |
| If so, explain: .....  |                       |                       |
| <hr/>  |                       |                       |
| Does your child have: orthodontic appliances? .....  | <input type="radio"/> | <input type="radio"/> |
| Capped teeth? .....  | <input type="radio"/> | <input type="radio"/> |
| <hr/>  |                       |                       |
| Wear contact lenses for sports?.....   | <input type="radio"/> | <input type="radio"/> |

I hereby state that to the best of my knowledge, my answers to above questions are complete and accurate.

I have read the attached information on interscholastic sports, and I hereby give permission for my child to participate in the Mahopac Sports Programs. I know of no illness or condition which would restrict him/her from participating fully in the sport checked. Should any illness or condition occur, I will promptly notify the school to withdraw my child from participation.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_