

KENNETT HIGH SCHOOL
409 Eagles Way, North Conway, NH 03860
 Ph:(603) 356-4343 (603) Fax: 356-4391

SPORTS PARTICIPANT PERMISSION & RELEASE OF RESPONSIBILITY

* Your child cannot participate in this sport until all necessary paperwork has been completed. * This is NOT a Physical Examination Form

_____ / / _____
Participating Student Name Date of Birth Grade

has my permission to participate in (Name of Sport)
 after school; I understand that participation in this sport involves an inherent risk of accident or injury that may occur despite all reasonable efforts of the school district and its employees to prevent or avoid such accident or injury. I agree that neither the district nor any of its employees shall be responsible for the payment of any bills rendered for medical service as a result of my son or daughter's routine participation.

EMERGENCY MEDICAL TREATMENT PERMISSION: •

I hereby authorize the school district to obtain emergency care that may become necessary for my child in the course of athletic activities or travel.

_____ _____ _____
Parent/Guardian Signature Home Tel & Cell. Date

EMERGENCY INFORMATION / HEALTH UPDATE - To be completed by the parent. *Positive responses require explanation and may require a medical evaluation.*

Parent Name _____ Work Tel. # _____ Cell#: _____
 Mailing Address _____ Name of Physician _____
 Physician Tel.# _____ **ALLERGIES** _____

1. During the past 12 months:	YES / NO	Explanation	Date of Illness/Injury
a. Any hospitalizations or surgeries?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
b. Any injuries requiring medical attention?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
c. Any illness lasting more than one week?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
d. Any seizures, concussions, or unconsciousness?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
e. Been under a doctor's care?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

2. Does your child: Wear glasses or contact lenses? Have dental bridges, plates, retainers/ braces?

3. List all medications presently being taken and what condition the medication is for:

Emergency Medications Required: EPI-PEN INHALER INSULIN DIASTAT
 OTHER _____

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

_____ _____
Parent/Guardian Signature Date