

Saint James School Athletics Health Form (2012-2013)

**YOUR CHILD CANNOT PARTICIPATE IN A SPORT UNTIL THIS FORM IS COMPLETED
BY PARENT AND PHYSICIAN AND SUBMITTED TO THE TEAM COACH
(Please notify your child's coach if there are any health changes during the season.)**

To be completed by parent:

INFORMED CONSENT: I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk may be severe, including the risk of fractures, brain injuries, paralysis or even death.

Student Name _____	Parent/Guardian _____
Address _____	Employer _____
_____	Telephone Number _____
Grade _____	Emergency Contact _____
Date of Birth _____	Telephone Number _____

Having read the informed consent and knowing the risks, _____
has my permission to participate in the school sports program. In case of injury or illness, if I cannot be reached, the coach, trainer, nurse, or athletic director has my permission to make arrangements for my son/daughter to be taken to the nearest medical facility.

My son/daughter has the following health problem/s or takes medication for a health problem:
Please list:

Signature of Parent/Guardian _____ Date _____

Physician: _____ Telephone Number: _____

To be completed by physician:

I hereby certify that _____ is physically able to participate in:

_____ All sports, including collision and contact sports (Cross Country, Basketball, Soccer, Cheerleading)

_____ Other (please specify): _____

This certificate is good for the 2012-2013 school year unless voided by any serious injury, accident or illness. If void, it will be the responsibility of the student to get updated medical information from his/her physician before resuming participation in competitive sports.

SIGNATURE OF PHYSICIAN _____ Date _____