

**ESSEX HIGH SCHOOL ATHLETIC DEPARTMENT**  
**ATHLETIC PARTICIPATION CONSENT FORM**

*This form must be completed and turned in to the coach or athletic department before the first practice.*

*In addition to completing this form, students and parents must read the Athletic/Activities Digest.*

SPORT: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_ STUDENT PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT(S) EMAIL: \_\_\_\_\_

***EMERGENCY INFORMATION***

In the event of serious accident or illness concerning my child, I understand the school will try to contact me or the emergency contacts listed below. If I cannot be reached, I authorize the school to take steps deemed necessary for the health, security and comfort of my child.

EMERGENCY CONTACT 1 (in lieu of parents): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT 2 (in lieu of parents): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CHILD'S PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

***STUDENT HEALTH INSURANCE INFORMATION***

Health insurance is a REQUIREMENT for participating in athletics at Essex High School. If you do not have insurance, please contact the athletic department.

Do you currently have health insurance?    Yes            No

Carrier: \_\_\_\_\_ group #: \_\_\_\_\_ policy #: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

**HEALTH QUESTIONNAIRE**

In order to play interscholastic sports at Essex High School, all participants must have a complete physical examination by an appropriately licensed medical provider a minimum of once every two years.

**A copy of the physical must be on file in the EHS Health Office prior to the start of the sports season. There will be NO EXCEPTIONS!**

**A. If you have had an injury or illness that has lasted longer than one week within the last six months prior to the date of this form, then you will also need a statement from the physician about this condition and his/her assessment regarding your ability to participate in the sport.**

B. Please answer the following questions and provide a brief explanation in the space below for “yes” responses. Since your last physical examination

- 1. Have you been told that you could not participate in a sport for medical reasons?      yes      no      date
- 2. Have you ever had a head injury?      yes      no      date
- 3. Have you had any other significant injuries?      yes      no      date
- 4. Have you had any illness longer than one week?      yes      no      date
- 5. Have you been in the hospital for any reason?      yes      no      date
- 6. Are you currently under a physician’s care for a medical problem?      yes      no

Explanation \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS ( diabetes, asthma, etc. ):

MEDICATIONS:

ALLERGIES AND TYPE OF REACTION ( anaphylaxis, rash, etc.):

DATE OF LAST TETANUS: \_\_\_\_\_

**INFORMED CONSENT**

The Essex High School Athletic Department hereby informs both the student and parents that there are risks inherent in athletic participation. By signing below the student and parents acknowledge this information and give their consent to participation.

I realize there is a risk of being injured that is inherent in all sports. I understand the risks include severe injuries such as fractures, brain injuries, paralysis, or even death. I further understand that the school district disclaims any financial responsibility for costs of medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my child while participating in such interscholastic competition or preparation therefore.

**PARENTAL PERMISSION**

I have read and understand the regulations and requirements contained in the Essex High School *Athletic/Activities Digest For Students and Parents*, along with the informed consent above. I will cooperate to ensure that my daughter/son complies with the requirements for participating in athletics at Essex High School.

My daughter/son has my permission to participate in \_\_\_\_\_ (sport)

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STUDENT CONTRACT**

I have read and understand the regulations and requirements contained in the Essex High School *Athletic/Activities Digest For Students and Parents*, along with the informed consent above. I agree to abide by all athletic department rules and regulations.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_