

ATHLETIC HEALTH FORM

This health form must be completed and returned before your child can participate in any athletics, including practices.

If your physician has included a statement that your child is cleared for sports on his/her UPDATED annual physical form, please attach that (no need for the physician to complete the form below). EACH PARENT MUST COMPLETE THE PARENT PART OF THE ATHLETIC FORM AND SEND INTO THE OFFICE.

No student will be permitted to play on any SMS teams/clubs until we have a medical form in which a doctor clears the student for play. All medical conditions that could affect playing and/or health should be noted. The parent(s) are also required to sign the medical release. This acknowledges that they have seen and give permission for their child to play.

This release will remain on file from 9/1/2011 until 6/30/2012. If there are any changes in your child's health during the course of that time, it is the parent or guardian's responsibility to notify the school.

Student's Name: _____ **Home Phone:** _____

Street Address: _____

Town, State, Zip: _____

Grade: _____ **Homeroom:** _____ **Age:** _____ **Student's DOB:** _____

STATEMENT OF FAMILY PHYSICIAN OR CLINIC

Is the above participant in general good health and able to participate in competitive activities?

YES NO

Are there any other medical conditions of which we should be aware during the course of the season (e.g. convulsions, asthma, allergies, diabetes, injuries, operations)?

YES (please explain) NO

Is the participant taking any medications?

YES (please list) NO

Physician signature: _____ **Date:** _____

Physician address: _____ **Phone:** _____

I certify that the above name child is in good general health and able to participate in competitive activities and that a current up-to-date health form is on file at the school.

Parent/Guardian Signature _____ **Date** _____