

Student Athlete Handbook Parent Acknowledgment Form

I have read and understand the Frederick County Public Schools' Handbook for Student Athletes and have reviewed information regarding concussions. Furthermore, I pledge to abide by these rules.

Student athlete's name (please print): _____

Student athlete's signature: _____

Date: _____

I have read, understand, and agree to support the above pledge as signed by my son/daughter and have received information regarding concussions.

Parent's name (please print): _____

Parent's signature: _____

Date: _____

PERMISSION FOR MEDICAL TREATMENT

I consent and authorize for my child to receive first aid, emergency medical care, and all other medical treatments deemed reasonably necessary to his/her health and well-being in case of injury or illness while participating in FCPS Athletic Program activities and understand that I will be responsible for expenses incurred.

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the school Athletic Training or coaching staff to attend to my son/daughter.

I expect every effort will be made to contact me in the event of an emergency.

Cell Phone _____ Home Phone _____ Work Phone: _____

Home Address _____

Signature _____ Date _____

NOTE: Once the athlete has been seen by a physician, further written information should be obtained from the physician by the parent to bring back to the Athletic Trainer or coach at the school.

Family physician _____ Phone no. _____

HEALTH HISTORY

Kidney injuries Yes No

Heart condition Yes No

Diabetes Yes No

Asthma Yes No

While competing, do you wear:

Glasses _____

Contacts _____

Date of last tetanus shot: _____

Please state:

Allergy to any medication: _____

Other conditions: _____

Parent special request: _____

Insurance is required: Company: _____ Policy # _____