

Middle School Athletic Consent Form*

**Note: For students who are participating in after-school weight training and conditioning at the high school. This form does not take the place of the "Official Gwinnett County Athletic Physical, Insurance, Consent Form" required by all students to participate in extracurricular activities.*

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip)

PARENTAL CONSENT FOR ATHLETIC PARTICIPATION

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.

By signing this permission form, you acknowledge that you have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

This acknowledgment of risk and consent to allow participation shall remain in effect until revoked in writing.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) _____	Date _____
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INSURANCE INFORMATION

My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic activities.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S) _____	Date _____
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AUTHORIZATION

I certify that the medical history on this form is complete and accurate. I understand that this will serve as the basis for determining that my child, _____, may compete in high school athletics in Gwinnett County Schools. I also understand that this medical evaluation is only to determine fitness for athletics and is not to take the place of regular medical examinations. In case of an emergency or accident on the school grounds or during any school activity involving my child, _____, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

SIGNATURE _____	Date _____
Relation to Student: Mother _____ Father _____ Other _____	

MEDICAL HISTORY (TO BE FILLED OUT BY PARENT/GUARDIAN)

Please answer the following questions, explain any YES answers.

- YES NO 1. Have you ever been hospitalized? _____
- YES NO 2. Do you have any chronic or ongoing illness? _____
- YES NO 3. Have you ever had a serious illness? _____
- YES NO 4. Have you ever had surgery or been advised to have surgery? _____
- YES NO 5. Have you ever passed out during exercise? _____
- YES NO 6. Have you ever had chronic cough or recurrent bronchitis? _____
- YES NO 7. Have you ever had a bone or joint disorder, fracture, broken bone, dislocation, trick joint or arthritis? _____
- YES NO 8. Are you allergic to any medications? _____
- YES NO 9. Do you have any other known allergies? _____

regularly? _____ YES NO 10. Are you taking any medication

If YES, Medicine _____
 Doctor _____
 Tetanus immunization in last 5 years YES _____ NO _____
 MMR (Measles, Mumps, Rubella Vaccine) Booster (2nd immunization) YES _____ NO _____