

RRHS MEDICAL PARTICIPATION FORM

Athlete's Name _____

School _____

Student Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Age _____ Date of Birth _____ Grade _____

Significant Allergies _____

Family Physician _____ Address _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Insurance Carrier _____ Policy # _____

Emergency Contact _____ Phone _____

Dear Parent or Guardian:

The pre-preparation examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician. Additionally, your child's regular health care, routine physical examinations and laboratory testing should continue to come from his/her personal physician.

PARENTS, PLEASE READ THIS PAGE CAREFULLY AND COMPLETE ALL INFORMATION ON THIS PAGE AND THE MEDICAL HISTORY ON THE ATHLETIC COMPETITION HEALTH SCREENING FORM. YOU MUST SIGN THE PARENTAL PERMISSION STATEMENT AT THE END OF PAGE 1.

I recognize that there are inherent risks in all athletic event (head and spinal cord injuries, fractures, etc), and hereby give my permission to Roanoke Rapids City Schools for my son/daughter to participate in interscholastic athletic activities.

Permission is hereby granted to Roanoke Rapids City Schools and its authorized representatives to proceed with any needed medical or minor surgical treatments, x-ray examination, and immunization for the above-named individual. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above-named individual may be given. I hereby release Roanoke Rapids City Schools and members of its athletic staff including, but not limited to, its coaches, trainers, administrator, and all others connected with school athletic activities, and any attending physician or surgeons, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity connected with Roanoke Rapids City Schools and do hereby agree to hold harmless any and all of the above from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participated as above stated.

I HAVE ANSWERED ALL QUESTIONS ON THIS PAGE AND THE HEALTH SCREENING FORM AND HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN SPORTS WITH ROANOKE RAPIDS CITY SCHOOLS.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____