



Paul School Athletic Department

Emergency Release and Permission To Treat

This form must be completed by any student athlete participating in athletics at Paul School and be kept with the coach at all times.

Student Athlete's Name: _____ Date of Birth: _____ Grade Level: 6 7 8
(Print Full Name) (Circle)

Permission To Treat

Please list any medications that your child is currently taking: _____

Please list any allergies that your child may have: _____

Please list the contact information for parents, guardians, or other family members who can be contacted in the event of an emergency:

Name: _____ Phone #: _____ Relationship to player: _____
(Print Full Name) (Circle: Home - Work - Cell)

Name: _____ Phone #: _____ Relationship to player: _____
(Print Full Name) (Circle: Home - Work - Cell)

Name: _____ Phone #: _____ Relationship to player: _____
(Print Full Name) (Circle: Home - Work - Cell)

I, _____ give my child, _____,
(Print Name of Parent/Guardian) (Print Full Name of Player)
permission to play on the _____ . I understand that there is an inherent risk
(Print Sport and Level: Middle School)
of bodily injury while participating in this sport. I accept all responsibility for my child to participate on this year's team. By doing so, I release the Wakefield Paul School, and the coaching staff from liability, if my child is injured while participating in this sport.

Also, by signing this form, I give permission for my child to be treated by emergency, hospital or Paul School personnel in the event of a medical emergency.

(Parent/Guardian Signature)

(Date)

Health Questionnaire for Participation in Paul School Athletics

Student Athlete's Name: _____

Student Athlete's Physician: _____

Physician's Phone #: _____

Date of last tetanus booster: _____

- | | | |
|---|----|-----|
| 1. Has your child ever been told not to participate in any sport? | NO | YES |
| If YES, why: _____ | | |
| 2. Has your child ever been unconscious or lost memory from a head injury? | NO | YES |
| 3. Has your child ever had a fracture or dislocation? | NO | YES |
| If YES, where: _____ | | |
| 4. Has your child ever had a knee or ankle sprain? | NO | YES |
| 5. Is your child under a physicians care for any problems now? | NO | YES |
| If YES, please describe: _____ | | |
| 6. Has your child ever fainted or blacked out during hard exercise? | NO | YES |
| 7. Has your child ever been in the hospital for an operation? | NO | YES |
| If YES, please describe why: _____ | | |
| 8. Do you have any worries about your child's health that the coach should be aware of? | NO | YES |
| If YES, what are they? _____ | | |

If you answered YES to any of the above questions, please use this space to explain:

Please indicate any other medical information a physician or Paul School staff should know about your child.

