

Health Information

Student's Name _____
Father's Name _____ Phone _____
Mother's Name _____ Phone _____

Dentist's Name _____ Phone _____
Physician's Name _____ Phone _____
Health Insurance Provider: _____
Policy #: _____

Person(s) outside school who will care for my child in case parent can't be reached:

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

List any operation, injury, or major illness and any immunizations this student has had in the past 12 months and give dates.

List any chronic health problems

List and give dates for any head injuries which caused loss of consciousness, memory loss, or any altered cognitive state.

Parental Consent

I give my consent for my child to participate in the interscholastic sports program. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to contact the physician or dentist indicated on this form and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school may make whatever arrangements are necessary to provide for care and treatment of my child.

In case of an accident or illness where immediate treatment of my child is not indicated but where he/she is unable to remain in school, I request that one of the persons listed on this form be contacted and requested to care for my child until I can be reached.

Parent/Guardian Signature _____ Date _____

**Hammondsport Central School
Training Rules/Academic Eligibility/Concussion Policy
Acknowledgement Form**

By signing below I acknowledge that I have read and understand the training rules, concussion policy, and the academic eligibility process of Hammondsport Central School. I understand that I must follow these rules in order to participate in athletics.

Student Athlete Signature: _____ Date: _____

By signing below I acknowledge that I have read and understand the training rules, concussion policy, and the academic eligibility process of Hammondsport Central School. I understand that my son or daughter must follow these rules in order to participate in athletics.

Parent/Guardian Signature: _____ Date: _____

Electronic Permission Form

I give my permission for my child's coach to:

Call the following land line phone # _____

Call or text the following cell phone # _____

Email the following email address _____

for the purpose of communicating team information.

Parent/Guardian Signature: _____ Date: _____