

# Abby Kelley Foster Charter School

## REQUIRED MEDICAL and PERMISSION FORM INTERSCHOLASTIC ATHLETICS

**2010-2011 SCHOOL YEAR**

**PARENT/GUARDIAN** – Please answer the following questions & **SIGN RELEASE FORM**

Student's Name \_\_\_\_\_ Sex M ( ) F ( ) YOG \_\_\_\_\_ HR \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Parent(s) Names \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Parent(s) E-mail \_\_\_\_\_  
Family Physician's Name \_\_\_\_\_ Tel. # \_\_\_\_\_  
School attended last year \_\_\_\_\_

### STUDENT HEALTH INFORMATION

1. Food/Insect/Medication/Allergies \_\_\_\_\_
2. Current medications \_\_\_\_\_
3. Eyeglasses/contacts/hearing aids other: \_\_\_\_\_
4. Other Concerns \_\_\_\_\_

If the Nurse/Trainer/Athletic Director determines that an injury or condition has occurred that requires a medical clearance a **RETURN TO PARTICIPATION** form must be completed by the physician.

I hereby give my permission for my son/daughter to participate in the **Abby Kelley Foster High School Athletic Program** for the school year of 2010-2011.

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**DATE**

*All students must pass a physical examination within thirteen months before participating in any Sport. Any student who does not fulfill this requirement is considered ineligible. Contests in which the student participates in violation of this rule including **FORGED PHYSICAL EXAMINATION** must be forfeited.*

