

Athletic Medical Consent Form

Student's Name: _____

I give permission for my child to participate in extra-curricular athletics under NLSchools. I request that in my absence the above-named be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and medical staff, duly licensed as Doctors of Medicine or Doctors of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

M.C.P. #: _____ Date of Birth: _____

Mailing Address: _____

Parent's/Guardian's Name: _____

Home/Cell Phone #: _____ Work Phone #: _____

Person to Notify if Parent/Guardian is Not Available: _____

Home/Cell Phone #: _____ Work Phone #: _____

Student's Family Physician: _____ Phone #: _____

Check Any of the following Medical Conditions if they apply:

Heart Disease		Bronchitis	
High Blood Pressure		Diabetes	
Asthma		Seizures	
Eyeglasses		Contacts	
Other			

Does your child have any allergies? (If yes, please list)
Is the student taking any medications? (If yes, please list)
Is the student allergic to any medications? (If yes, please list)
Other pertinent information concerning the student's medical history? (Attach additional information if necessary)

Medical Declaration: To the best of my knowledge, the above-named student has no problems which would prevent or limit their participation in any strenuous activity.

Parent's\Guardian Signature: _____

Date: _____

Note:

- If a medical situation changes, it is the parent's responsibility to notify the school.
- In a situation where the parent or guardian cannot sign the medical declaration, the student must have a medical examination and subsequent instruction from the examining doctor detailing the degree of participation allowed.