

MEDICAL STATUS CHANGE

Has the medical status of the child changed since his/her last physical examination?

Yes _____ No _____

If yes, your child’s physician MUST verify and release that your child is able to fully participate in the designated sport in order to participate. Verification and release must take place from your child’s medical physician prior to participation.

If no, please indicate not applicable.

Parent/Guardian Signature

Date

CONSENT FORM

I/We hereby give my/our consent and authorize the disclosure of medical information between the coaching staff, school medical staff, and the school administration while participating in interscholastic athletics and sports.

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