

Essex Middle School  
Athletic Participation/Health Information Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent/guardian name: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Current or Chronic Health Problems: (Allergies, asthma, heart conditions, seizures, diabetes, hearing or vision problems, etc...) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use an inhaler?            YES            NO

**PERMISSION FOR TREATMENT**

In the event of a serious accident or illness, I hereby authorize the coach to contact my child's physician and/or seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family first.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**PERMISSION TO PARTICIPATE**

This form must be returned, and evidence of a current physical (less than two years old) must be on file in the Essex Middle School nurse's office, before a child may TRY-OUT or PARTICIPATE in any Essex Middle School Interscholastic program.

My son/daughter has permission to participate in these interscholastic sports for this calendar school year.

Sports to participate in: (Please check ALL sports your child wishes to play).

\_\_\_\_\_ Soccer            \_\_\_\_\_ Field Hockey            \_\_\_\_\_ Cross Country

\_\_\_\_\_ Basketball            \_\_\_\_\_ Cheer            \_\_\_\_\_ Volleyball

\_\_\_\_\_ Softball            \_\_\_\_\_ Baseball            \_\_\_\_\_ Track and Field

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*