

SARATOGA SPRINGS MIDDLE SCHOOL and HIGH SCHOOL
SARATOGA SPRINGS, NEW YORK, 12866

INTERSCHOLASTIC PERMISSION FORM

Before representing Saratoga Springs Middle and High School on any athletic or cheerleading team a student **must have a current physical on file with their school health office and have approval of the school medical officer.** All forms need to be completed and returned to your school nurse before the start of tryouts. **ALL NEW PRIVATE PHYSICALS MUST BE HANDED IN ON A COMPLETED SCHOOL PHYSICAL FORM WITH THIS FORM OR BE ON FILE WITH THE SCHOOL HEALTH OFFICE.**

TO BE FILLED OUT BY THE CANDIDATE -use blue/black ink

SPORT _____ LEVEL _____
(one only)

Name _____ Grade _____ Yr. entered 9th _____ Homeroom _____

Date of Birth: Mo. _____ Day _____ Yr _____ male/ female _____ Phone _____
(circle one)

Address _____

Signature of candidate _____

TO BE FILLED OUT BY PARENT OR GUARDIAN - use blue/black ink

I hereby certify that it is with my full knowledge and consent that my child/ward

may participate in the following sport _____ during the current season. I further understand that medical expenses resulting from any injury must first be submitted to my own insurance carrier and that any remaining balance can be submitted to the school's accident insurance carrier. **The school accident insurance provides only excess coverage according to a fee schedule.**

Signature of parent/guardian _____

COMPLETE BOTH SIDES OF FORM IN BLUE/BLACK INK
COMPLETED FORM IS TO BE HANDED IN TO SCHOOL NURSE, NOT MAILED, SEE INSTRUCTIONS

HEALTH OFFICE USE ONLY

***CLEARED TO PLAY ON _____ BY _____
NURSE***

***NOT CLEARED TO PLAY-NEEDS THE FOLLOWING:
PHYSICAL / 30 DAY UPDATE / RELEASE***

***PHYSICAL DATE _____ / _____ / _____
MD NURSE***

AUTHORIZATION

FOR MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, health, or hospital services, under the law, you as the parent, must give your permission, as the need arises. By law a hospital is always required to attempt to contact parents and/or legal guardians to gain consent for treatment. This form can provide valuable information to health care providers for contacting parents or guardians. The hospital still, however, has the obligation to always attempt to contact parents or guardians. Medical care often requires complex decisions that are best made when parents or guardians are involved. When a true emergency exists, a child may be treated without parental consent. This will only happen when a physician determines that a child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

ENTIRE FORM MUST BE COMPLETED

IDENTIFICATION

NAME OF MINOR _____ DOB _____

KNOWN ALLERGIES _____

MEDICAL CONDITIONS _____

DATE OF LAST TETANUS _____ MEDICATIONS _____

MEDICAL INSURANCE INFORMATION

GUARANTOR (person responsible for bill) _____

NAME OF INSURANCE _____ POLICY NUMBER _____

FAMILY PHYSICIAN

NAME _____ PHONE _____

ADDRESS _____

I, _____ BEING THE PARENT OF CUSTODY
(print name)

OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR, DO HEREBY APPOINT: COACH _____

PHONE _____ ADDRESS _____

TO ACT ON MY BEHALF IN AUTHORIZING UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE AND HOSPITALIZATION FOR THE ABOVE MINOR IN MY ABSENCE.

signature of parent/guardian

signature of witness

DATE

DATE

ADDRESS

ADDRESS

PHONE

PHONE

home work

home work

INSTRUCTIONS / INFORMATION

1. FORMS: ALL FORMS ARE TO BE HANDED IN TO THE NURSE. THEY ARE NOT TO BE MAILED. FALL SPORTS FORMS SHOULD BE HANDED IN BEFORE SCHOOL ENDS IN JUNE OR, IN AUGUST TO THE NURSE THAT IS WORKING. THE ATHLETIC DIRECTOR CAN PROVIDE YOU WITH THIS INFORMATION. PLEASE REMEMBER THAT THE NURSES GENERALLY DO NOT WORK IN THE SUMMER. PAPERS THAT ARE MAILED IN DO NOT GET OPENED OR FORWARDED, TO THE NURSE THAT WORKS AT THE TIME SPORTS START. THEY ARE TO BE **COMPLETELY FILLED OUT** IN BLUE OR BLACK INK. THE ATHLETIC DIRECTOR CAN TELL YOU THE SUMMER HOURS FOR THE NURSE.

2. PHYSICALS : PHYSICALS ARE GOOD FOR ONE CALENDAR YR. **ALL NEW** PRIVATE PHYSICALS MUST BE HANDED IN ON A COMPLETED SCHOOL PHYSICAL FORM ALONG WITH THIS FORM. IF YOU ARE HANDING THIS IN TO A NURSE OTHER THAN YOUR SCHOOL'S, PROOF OF A CURRENT PHYSICAL MUST ACCOMPANY IT.

3. 30 DAY UPDATES: PERTAINS ONLY TO INJURY OR ILLNESS SINCE THE LAST PHYSICAL. THEY NEED TO BE COMPLETED 30 DAYS OR LESS FROM THE START OF THE SPORT.

4. INJURIES: ATHLETES THAT SEE A DOCTOR FOR AN INJURY OR ILLNESS NEED TO HAVE A WRITTEN NOTE FROM THE DOCTOR STATING THAT THEY ARE RELEASED TO PLAY THE SPORT.