

FRANKLIN HIGH SCHOOL

Interscholastic Athletics

Permission Form

Sport _____

Grade _____

TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN.

I give the coach or person in authority my consent to seek whatever medical treatment may be necessary in the event that my son/daughter is injured or requires medical care while in his/her charge and a parent or guardian cannot be reached.

Student's name: _____

Parent's/Guardian's name: _____

Home Address: _____

Home telephone# _____

Mother's work# _____

Father's work# _____

Mother's cell# _____

Father's cell# _____

Type of Insurance Plan _____

Policy# _____

List any medical conditions that the coach needs to be aware of:

Is your child currently on medications? YES _____ NO _____

If yes, explain _____

Date of Last Physical _____

AGREEMENT FORM

I HAVE READ:

1. The standard eligibility rules governing the Commonwealth of Massachusetts Secondary Schools,
2. Loyalty to the high school team and non-school team competition rule and Hazing Law, Chapter 536,
3. The regulations of the Franklin High School interscholastic program as outlined in the Student & Parent Handbook, including but not limited to, the Alcohol/Drug Policy, MIAA rules, etc.
4. I understand the athletic insurance program, and athletic fee schedule
5. Athletes are responsible for all issued equipment. Lost or stolen equipment will be paid for by the athlete that is missing the equipment at the conclusion of the season.
6. I understand that pictures of my son/daughter may be posted on the athletic websites

I understand and accept inherent risks associated with participation in interscholastic athletics, including but not limited to, serious injury or death.

Student Signature: _____

Parent/Guardian Signature _____ **Date** _____



Medical Information:

Student's name _____

Sport _____

Parent's name _____

Grade _____

Emergency Contact # _____

List any operations, fractures, sprains or bone dislocations:

_____ Date or Age _____

Has your child ever had any of the following? Please check YES or NO

	YES	NO		YES	NO
Asthma and/or allergies	_____	_____	Mononucleosis	_____	_____
Fainting and/or convulsion	_____	_____	Pneumonia	_____	_____
Heart murmur/heart condition	_____	_____	Hepatitis	_____	_____
Rheumatic Fever	_____	_____	Bronchitis	_____	_____
Kidney disease and/or injury	_____	_____	Dental problems	_____	_____
Heat stroke/exhaustion	_____	_____	Tumors	_____	_____
Diabetes	_____	_____	Seizure	_____	_____
Menstrual Problems	_____	_____	Blood disorders	_____	_____
Head Injury*	_____	_____	Concussion*	_____	_____

*Please note number of head injuries or concussions _____

Please explain any YES answers to the questions above:

Does your child take any medications, either daily or when needed? YES _____ NO _____

If yes, explain _____

Parent/Guardian Signature _____ Date: _____

Student has a current physical examination and has paid his/her athletic fee of \$125.00 Please make checks payable to the **Town of Franklin**. Check# _____

Athletic Director or Assistant Signature _____