

Bronxville Public School
Pondfield Road & Midland Avenue
Bronxville, NY 10708

PARENTAL CONSENT FORM

SPORT

I hereby give permission for my child to participate in the Bronxville School Interscholastic Athletic Program. This consent includes travel to and from Athletic contests and practice sessions. I further consent to treatment deemed by physicians designated by school authorities for any illness or injury resulting from athletic participation.

STUDENT'S NAME _____ GRADE _____ HOME TELEPHONE _____
PARENTS CELL PHONE _____

EMERGENCY CONTACT NAME:
(non-parent over age 18)

PHONE NUMBER:

	YES	NO	
ASTHMA	_____	_____	
ALLERGIES	_____	_____	
LIST:			
CONCUSSION	_____	_____	DATE _____
DIABETES	_____	_____	
SEIZURES	_____	_____	
BRACES	_____	_____	
CONTACT LENSES	_____	_____	
MEDICATIONS	_____	_____	LIST _____

For the protection of your child, the following requirements must be met before he/she can practice or participate in Interscholastic Activities/Sports.

The Health Office must have the following reports on file:

1. Recent physical examination within one year.
2. Health History Review (white card)

Please notify the Health Office if there are any changes in your child's health status (serious injuries, illnesses or operations).

In the event of injury, the school has student insurance (this is secondary coverage). You must process the forms to your own insurance company first.

Parent or Legal Guardian does hereby covenant and agree to release and hold harmless the District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys fees) for the bodily injury and/or property damage, to the fullest extent permissible by law, arising from participation in _____ (Sport). I understand participation in _____ involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event. I have read and agree to concussion policy.

PARENT/GUARDIAN SIGNATURE _____

DATE _____