

SPORT/ACTIVITY \_\_\_\_\_

**Union Township Middle School  
PARENT PERMISSION FORM**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby request to be enrolled as a member of the \_\_\_\_\_ (name of sport/activity) in Union Township Middle School. I agree to abide by the rules and regulations of Union Township School District and assume all responsibilities for all equipment issued to me.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:**

Realizing that athletic activity involves the potential for injury, which is inherent in all sports, I acknowledge that even with the best coaching, use of advanced protective equipment and strict observance of the rules, accidents are still a possibility. On rare occasions the resultant injuries may be so severe that paralysis or even death may occur. I hereby give permission for Emergency treatment by the school nurse, or medical personnel for conditions arising during participation. This may include, but is not limited to, initial diagnostic x-ray and other procedures as the attending physician may deem necessary for the preservation of health. I have read and understand this warning and I give permission for my son/daughter to participate.

**SIGNATURE of PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEALTH HISTORY UPDATE**

**Date of Last Physical:** \_\_\_\_\_

**Since your child's last sports physical has your child:**

**Been ill or injured?** No \_\_\_ Yes \_\_\_ (if yes, explain \_\_\_\_\_)

**Been seen by a physician?** No \_\_\_ Yes \_\_\_ (if yes, explain \_\_\_\_\_)

**Been hospitalized/ had surgery or physical therapy?** No \_\_\_ Yes \_\_\_ (if yes, explain \_\_\_\_\_)

**Had any orthopedic problems?** No \_\_\_ Yes \_\_\_ (if yes, explain \_\_\_\_\_)

**Been out of gym or sports for any reason?** No \_\_\_ Yes \_\_\_ (if yes, explain \_\_\_\_\_)

**If Yes, has the school received clearance for your child to return to activities from your physician?**  
No \_\_\_ Yes \_\_\_ (if not, please attach written clearance to this form).

I certify that if my child has sustained or incurred any injuries, illness or other health problems, which may affect participation in the above sport or activity since their last physical examination, it is duly reported in their Health History Update. I attest that this information is complete and accurate. I agree to release this form and the medical information contained on it to all necessary school personnel.

**SIGNATURE of PARENT/GUARDIAN** \_\_\_\_\_ **DATE:** \_\_\_\_\_