

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: _____

Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

1. List any operations, fractures, sprains, bone dislocations or serious illness:

CONDITION

DATE OR AGE

2. Has your child ever had any of the following? **Please circle Y for Yes, N for No.**

ASTHMA	Y N	HEPATITIS	Y N
ALLERGIES	Y N	INFECTIOUS DISEASES	Y N
BLOOD DISORDERS	Y N	KIDNEY DISEASE/INJURY	Y N
CONCUSSION	Y N	MENSTRUAL PROBLEMS	Y N
DENTAL PROBLEMS	Y N	MONONUCLEOSIS	Y N
DIABETES	Y N	PNEUMONIA	Y N
FAINTING	Y N	RHEUMATIC FEVER	Y N
HEAD INJURY	Y N	SEIZURES/CONVULSIONS	Y N
HEARING PROBLEMS	Y N	TESTICLE PROBLEMS	Y N
HEART MURMUR	Y N	TUMORS	Y N
HEAT STROKE/EXHAUSTION	Y N	VISION PROBLEMS	Y N
OTHER CONCERNS	Y N		

PLEASE EXPLAIN ANY "YES" ANSWERS FROM THE ABOVE LIST

3. Does your child take any medications? Yes _____ No _____

If so, what are they? _____

4. Does your child have an allergy that requires an epi-pen? Yes _____ No _____

If "Yes", he/she must provide a physician's note indicating the need for that medication.

He/she must carry their epi-pen at all times.

No HHS coach will carry an epi-pen.

5. Does your child wear glasses or contact lenses? Yes _____ No _____

6. Do you know of any reason for your child not to participate in sports? Yes _____ No _____

If "Yes", please explain:

HANOVER HIGH SCHOOL STUDENT-ATHLETE CONSENT

7. **Do you want any of this information to be kept confidential?** Yes _____ No _____
If “Yes, Which part?
8. I certify that the previous statements of medical history are accurate, and give my consent for this student-athlete to participate in:
 All approved school athletics
 Only specific sports (list) _____
 All sports except (list) _____
9. I give my consent for this student-athlete to travel on all school-arranged transportation to games and practices as part of the Hanover High School athletic program.
10. I give permission to have emergency medical treatment administered to this athlete by a qualified physician, nurse, EMT, first aid specialist or Athletic Trainer, if during an athletic trip, an emergency occurs which requires medical treatment
11. My son/daughter is adequately covered by medical insurance for participation on any athletic team at Hanover High School.
12. While Hanover High School provides transportation for its athletes to and from after-school games and practices, this transportation does not always pick up athletes in a timely fashion. Frequently, school buses complete regular transportation runs prior to picking up athletes for practice and/or games sites. As a result, athletes often drive themselves and other teammates to and from practices in private vehicles. The athletic department requires separate written permission from parents for the athlete to drive a private vehicle to practices. Accompanying riders must also present parental permission to the athletic director’s office in order to ride with a student driver. The situation is not ideal but if practices for games are to begin and end at appropriate times, it is the best solution in a school system with limited transportation resources.
13. By signing this form, I give my consent for the Hanover High School Athletic Department to release information such as my son/daughter’s name, age, height & weight for the purposes of use in tournament & opponents’ game programs

My son/daughter and I understand that, in agreeing to abide by the Hanover High School Code of Conduct, he/she has made a commitment not to use tobacco, alcohol or illegal drugs during the sports season.

I have read the student-athlete policies of Hanover High School and agree to abide by all rules and any disciplinary decisions that may be made in regard to these rules.

DATE: _____

PARENT SIGNATURE: _____

ATHLETE SIGNATURE: _____

