

WAPPINGERS CENTRAL SCHOOL DISTRICT
 INTERSCHOLASTIC ATHLETIC CONSENT FORM

SCHOOL YEAR _____

PART I: GENERAL INFORMATION

Student Name: _____ Student No. _____
 Last First Middle
 Grade: _____ School Attends: JJ _____ RCK _____ VWJH _____ WFJH _____
 Date of Birth: _____ Height: _____ Weight: _____ M _____ F _____

PART II: PARENT APPROVAL

Mother's Name: _____ Father's Name: _____
 Address: _____ Address: _____
 Phone: (Home) _____ Phone: (Home) _____
 (Business) _____ (Business) _____
 (Mobile) _____ (Mobile) _____
 Alternate emergency contact: _____ Family Doctor: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____
 Does student have any allergies? _____ If yes: to what? _____
 Date of last Tetanus shot: _____ Does student wear contact lenses? _____
 TEETH: Caps: _____ Dentures: _____ Plates: _____
 Recent Injuries/Illnesses: _____

PART III: STUDENT SCHEDULE

CONSENT FOR PARTICIPATION IN: _____
 SPORT: _____
 LEVEL: VARSITY _____ JV _____ MODIFIED _____
 SCHOOL: JJ _____ RCK _____ VWJH _____ WFJH _____
 Homeroom No. _____

Period	Odd Days	Room	Even Days	Room
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____

PART IV: NURSE'S APPROVAL

I understand that my son/daughter will be examined by the school physician prior to participation in the activity indicated in Part I.
 I further understand that he/she will be covered by the school district's non-duplicating insurance policy, when the limit of our family coverage has been reached, at least to the extent indicated by the medical expense benefits schedule of that policy. (A copy of that schedule and other insurance information is available upon request from the Health Office.) **A rider is in effect to cover the stated limitation of coverage on Football.**
 Any injury occurring during a practice or game situation in a Board of Education approved activity shall also be so covered. It is the student/parent responsibility to report an injury immediately to the coach, and to the school nurse by the next school day.
 In the event that I am unable to be reached in case of an injury, I give my permission for the coach to seek and authorize any necessary emergency treatment, including medical transportation.
 I realize that I am financially responsible for any items of equipment or supplies which are issued to him/her during the season which are not returned upon the completion of the season.
 I will notify the School Nurse of any changes in my child's health status or an absence of more than 5 days.

The student indicated above was approved for sports participation on:
 Date: _____
 By (Examiner) _____
 NURSE'S SIGNATURE: _____
 DATE: _____
SELECTION/CLASSIFICATION
 (Complete only if applicable)
 Maturity Approval: _____
 Date: _____
 Nurse's Initials: _____

**Once this form is completed and signed by the School Nurse, a copy will be given to the coach of the above activity.