

For office use only _____ / / _____ # _____

Freetown-Lakeville Middle School

Athletics Permission Form

STUDENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SPORT
HOME ADDRESS			ZIP CODE
TELEPHONE #	DATE OF BIRTH		GRADE
EMERGENCY CONTACT	TELEPHONE #	RELATIONSHIP	

MY CHILD **DOES / DOES NOT** HAVE MEDICAL NEEDS OR REQUIRE MEDICATION.
(PLEASE CIRCLE ONE)

The medical need or medication is: _____.

***To avoid delay in treatment of a student because of sudden illness or accident, I authorize the coach or athletic trainer to secure prompt diagnosis and treatment by a local doctor or emergency department for my child:

_____ attends Freetown-Lakeville Middle School.
STUDENT'S FULL NAME (PLEASE PRINT)

I authorize an agent of Freetown-Lakeville Middle School to sign a medical release in an emergency and I agree to pay all fees incurred.

BC/BS# _____
Other Insurance Company _____
Policy # _____

PARENT/GUARDIAN SIGNATURE DATE

I hereby release and save harmless the towns of Freetown and Lakeville, the Freetown-Lakeville Regional School Committee and the Freetown-Lakeville Regional School District any and all liability for any injuries, loss, or other claims arising out of or resulting from or incurred during the use of school facilities and property by the person or persons identified above. I agree, by my signature, to abide by the rules of fair play and good sportsmanship policies of the Freetown-Lakeville Middle School.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/ATHLETE HEAD INJURY DISCLOSURE FORM

Pursuant to Massachusetts General Law, Chapter 111, Section 222, participants of interscholastic athletic programs, and their parents, prior to each season must disclose any information relative to any head injury history (whether it be sports related or none sports related). This information must be shared with the athlete's coach and a copy will be kept on file in the school nurse's office.

1. Have you ever exhibited signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) during practice and/or competition at any level? ___ YES ___ NO

2. Have you ever been diagnosed with a concussion (sports or non-sports related) by a health care professional? ___ YES ___ NO

3. Do you currently have or have you ever had athletic participation restrictions in relation to being diagnosed with a concussion? ___ YES ___ NO

4. If you answered **YES** to any of the above questions please **list** and **explain in detail** each individual circumstance (signs, symptoms, or behaviors **followed by the date of the incident.**)

*****IMPORTANT: Students participating in extracurricular interscholastic activities; and their parents/guardians; must sign the acknowledgement below and return it to their school. *Students cannot practice or compete in those activities until this form is signed and returned.***

- I have read the attached fact sheet for parents on concussion with my child and talked about what to do if they have a concussion or other serious brain injury. I also attest that the above information is accurate to the best of my knowledge.**

PARENT/GUARDIAN NAME PRINTED

PARENT/GUARDIAN SIGNATURE

DATE

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.**

ATHLETE NAME PRINTED

ATHLETE SIGNATURE

DATE