

**HAUPPAUGE HIGH SCHOOL/MIDDLE SCHOOL**  
**ATHLETIC PERMISSION SLIP**

Dear Athlete and Parent:

You and your child must read and complete this form and return it to the Nurse's Office **PRIOR TO** participation in any athletic activity.

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I am aware that participating in any sports can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating in sports may include death, neck and spinal injuries, complete or partial paralysis, brain damage, injury to the muscular-skeletal system, as well as injury to other parts of my body. I understand that the danger of playing sports may result not only in injury, but the impairment of my future abilities to live a full and productive life.

Because of the dangers of participating in sports, I recognize the importance of following coaches instructions regarding conditioning, playing techniques, training and other team rules, etc., and agree to obey such instructions.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN – READ CAREFULLY AND SIGN BELOW**

I give permission for my child to participate in \_\_\_\_\_.

I have read and agree to the statement above concerning the risks involved. I also give permission for my child to receive a sports physical from the school physician.

Hauppauge Public Schools *Concussion Protocol* and important information regarding concussion symptoms and safety can be found under the Athletics' section of the schools website: <http://hauppauge.k12.ny.us> and at <http://impacttest.com>

\*\* If you do not want your child to receive a physical from the school physician, please check here ( ) If checked, you must obtain a physical for your child from your private physician dated **WITHIN ONE YEAR OF THE FIRST DAY OF THE CURRENT SPORTS SEASON**, and submit same to the School Nurse with this completed permission slip.

Parent Signature \_\_\_\_\_ Phone# \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**HAUPPAUGE SCHOOL DISTRICT**

**HEALTH UPDATE:** It is the sole responsibility of the parent and/or guardian to furnish the Health Office with information regarding any change in health status prior to the start a new sports season.

**SPORTS CANDIDATE QUESTIONNAIRE**

NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ GRADE \_\_\_\_\_ ACTIVITY \_\_\_\_\_

**PARENT/GUARDIAN: Answer the following questions as accurately as possible.  
Please give specific details.**

1. Has student suffered any head injuries/concussions with or without loss of consciousness during his/her lifetime? Yes/No When? \_\_\_\_\_ Did loss of consciousness occur? Yes/No Describe event \_\_\_\_\_
2. Any broken bones, fractures, surgery? Yes/No When? \_\_\_\_\_ Describe \_\_\_\_\_
3. Any other injury requiring medical attention/hospital visit? Yes/No When? \_\_\_\_\_ Describe \_\_\_\_\_
4. History of heart murmur? Cardiac Arrhythmia? Palpitations? Yes/No Describe \_\_\_\_\_
5. Asthmatic? Yes/No Requires an inhaler for sports/exercise? Yes/No Describe \_\_\_\_\_
6. Any other chronic diseases or ailments? Yes/No Describe \_\_\_\_\_
7. Any fainting/dizziness/fatigue after exertion? Yes/No Describe \_\_\_\_\_
8. Taking medications at this time? Yes/No Describe \_\_\_\_\_
9. Allergies? Yes/No Describe \_\_\_\_\_
10. Glasses or contact lenses: Yes/No Protective eyewear needed? Yes/No
11. Date of last Tetanus shot \_\_\_/\_\_\_/\_\_\_ (must be within 10 years)
12. Date of last physical \_\_\_/\_\_\_/\_\_\_

**\*\*IMPORTANT\*\*** Do you know of any reason that your child cannot participate in any sport? Yes/No Describe \_\_\_\_\_

**HEALTH RECORD INFORMATION**

**We understand clearly that the questions are asked in order to decide if this student is in proper condition to participate in the athletic activity named at the top of this form. The answers will be kept confidentially in his/her health record in the school health office.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE      DATE      \_\_\_\_\_      \_\_\_\_\_  
STUDENT SIGNATURE      DATE