



INTERSCHOLASTIC ATHLETIC PERMISSION FORM & NURSE'S RELEASE

NAME: _____

Date of Birth _____

Please Circle One:

GRADE: 6 7 8 9 10 11 12

Please Circle One:

SEASON: FALL WINTER SPRING

SPORT: _____

Has your child been diagnosed with any of the following?

	Yes	No		Yes	No		Yes	No
Life-threatening allergy			Diabetes			Palpitations or rapid heart beat		
Asthma			Missing Paired Organ			Irregular Heart Rhythm		
Shortness of Breath			Head Injury/ Concussion			Fainting or Dizziness with Exercise		
Heart Disease			Heat Intolerance			High Blood Pressure		
Chest Pains on Exertion			Sickle Cell Anemia			Family hx of Premature Cardiac Death		
Heart Murmur			Convulsions or Seizures			Other:		

Explain, "yes" checks; list allergies or medical concerns:

We the undersigned father and mother or guardian(s) of _____ a minor do hereby consent to his/her participation in the voluntary interscholastic athletic programs offered by the Dedham Public Schools, and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Dedham, a municipal corporation of the State of Massachusetts and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries, or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims of right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Dedham Public Schools athletic programs; FURTHERMORE, we/I hereby agree to protect the Town of Dedham and its successors, departments, officers, employees, servants, and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Dedham Public Schools voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the Town of Dedham or its successors, departments, officers, employees, servants, agents any loss or damages or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts omissions while participating in said sports programs.

BY SIGNING BELOW YOU ARE GRANTING PERMISSION TO PARTICIPATE AND TO AUTHORIZE EMERGENCY MEDICAL TREATMENT

Students Last Name First Middle Initial Student Signature Date

Home Address Zip Phone# Parent Signature Date

Emergency Contact Information

1. _____ 2. _____
 Name Phone # Relationship Name Phone # Relationship

Physician Phone # Dentist Phone #

Insurance Policy #

Athletic Director's Signature Date Nurse's Signature Date

Nurse's Comments: _____
