ST. JOHNSBURY ACADEMY
ATHLETIC DEPARTMENT
1000 Main Street, St. Johnsbury, Vermont 05819
(802) 748-8171
stjacademy.org

PARENTAL PERMISSION/MEDICAL RELEASE

Name: _____Grade: _____Age: _____

Sports: _____Phone: _____

I/we hereby authorize the St. Johnsbury Academy athletic department, coaches, and administrators to provide preventative, acute, or rehabilitative treatment for my child, and further agree not to hold the school, or anyone acting on its behalf, responsible for any injury, treatment, or method of care occurring while the above named student is participating in athletics or associated travel.

I/we also authorize my child to receive, through a medical doctor of the school's choice, emergency medical care, which may become necessary in the course of athletic activities or travel.

- In the event of an emergency, I expect every reasonable attempt to be made to contact me.
- I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by his/her physician.
- I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school-approved vehicles.

The athletic trainers are not allowed to dispense aspirin, Advil, Tylenol, etc., to any individual. However, if an athlete has an inhaler or other medication prescribed by their family physician, the athletic trainer will keep the medication in a safe and readily available area if requested to do so.

PARENT NAME (Please print): _____

PARENT SIGNATURE: _____DATE: _____

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ATHLETE EMERGENCY INFORMATION

Name: _____Grade: _____DOB: _____

Street Address: _____

City: _____State: _____Zip: _____Phone: _____

Name of parent/legal guardian: _____

Work phone: _____Cell Phone: _____

Emergency Contacts:

Name: _____Home phone: _____Cell Phone: _____

Name: _____Home phone: _____Cell Phone: _____

Physician's Name: _____Office Phone: _____

Has your child ever had:

	Yes	No		Yes	No
High Blood Pressure			Nosebleeds or Uncontrollable Bleeding		
Cardiac Arrest			Unexplained Loss of Consciousness		
Respiratory Arrest			One paired organ		
Asthma/Shortness of Breath			Glasses or contacts		
Epilepsy			Blood Clots		
Kidney/Liver Problems			Concussions		
Diabetes			Major Surgery		
Allergies			Medications		
Broken Bones			Other		

Please explain any "yes" responses in detail (please provide dates and supporting documentation where appropriate): _____

_____

_____

Insurance Provider: _____Policy Number: _____

Provider Phone: _____Provider Address: _____

I verify as insurance holder of the aforementioned policy that the information provided is accurate and will notify St. Johnsbury Academy of any changes made to my health insurance policy.

Signature of Policy Holder: _____

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PHYSICAL EXAMINATION

Any student who has not had a physical within the last year must have this form completed and submitted to the nurse's office before the start of the sport season. A student athlete may not practice without an up-to-date physical. New students with up-to-date physicals may provide copies of their current physicals attached to this form. Please fax to: 802-748-7798.

Name: _____Grade: _____DOB: _____

Street Address: _____

City: _____State: _____Zip: _____Phone: _____

Name of parent/legal guardian: _____

Sport: _____

PHYSICIAN'S STATEMENT

I certify that I have on this date examined the student listed above and that, on the basis of this examination and the student's medical history as furnished to me, I have found no reason to render supervised athletic activity medically inadvisable for this student.

Please list any limitation of which St. Johnsbury Academy should be aware:

_____

_____

Name of Attending Physician: _____Date of Exam: _____

Address: _____

_____

Phone: _____Physician's Signature: _____