

**REMOVE THIS PAGE AND RETURN TO YOUR COACH  
(Prior to the start of the first practice)**

Sport: \_\_\_\_\_

Modified

Varsity

PERMISSION SLIP & MEDICAL RELEASE— Should my child require emergency medical care at any time during a sports related activity and I am unable to be reached, I give school officials or chaperones of this activity permission to act on my behalf (en loco parentis) regarding medical and surgical emergencies for my son/daughter, named and signed below.

Parent/Guardian Name: \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Identification & Group # \_\_\_\_\_

Special Health Considerations (Allergies, Medication, Health Conditions):  
\_\_\_\_\_

Any changes in health conditions since last student school physical?

No

Change

Update: \_\_\_\_\_

**Concussions:**

I have read the information related to concussions in the student handbook and understand that should my child incur a head injury he/she will be removed from play immediately and subject to the protocol contained within this handbook. More information regarding concussions may be found in the parent resources menu on the school website.

Parent Signature: \_\_\_\_\_

I have read and understand the Johnsbury-Minerva Athletic handbook and will abide by the information pertaining to student participation in the program. I understand the assumption of risk in regard to the possibility of injury due to the nature of physical activity associated with athletics and fully release the above information contained in the medical release for the above stated purpose.

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

I pledge to abide by school, athletic program & team rules in order to participate in Athletics

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_