

Sport _____ Year _____ Student Name _____

Permission Slip/Emergency Contact Info
STURGIS CHARTER PUBLIC SCHOOL
Department of Athletics

Directions:

Please complete this form and return it to the Athletic Department or coach no later than the first day of practice. Completed forms may be faxed to 508-771-6785.

Participation in athletics is inherently dangerous. Even when all reasonable precautions are taken, students can be, and indeed, may be injured. All students participate in athletics voluntarily with permission of their parents or guardians. Along with this participation, the students and their parents/guardians accept the inherent risks to which the students expose themselves to. I have read and I understand the above concerning participation in interscholastic athletics for Sturgis Charter Public School.

Student Signature

Parent/Guardian Signature

Date

Emergency Contact Info (please list at least two people)

Contact 1

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Home Phone _____

Address _____

Contact 2

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Home Phone _____

Address _____

Please answer the following questions pertaining to your child's history of Traumatic Brain Injury (TBI) and/or Concussion

1. Has your child ever experienced a traumatic head injury (a direct blow to the body by an impulsive force causing trauma to the head)?

_____ Yes _____ No If Yes, when? (Month/Year) _____

2. Has your child ever received medical attention for a head injury?
_____ Yes _____ No If Yes, when? (Month/Year) _____

Please describe the circumstances of the injury and treatment.

3. Has your child ever been diagnosed with a concussion?
_____ Yes _____ No If Yes, when? (Month/Year) _____

Please describe the circumstances (symptoms, how long they lasted and treatment) for the most recent concussion.

_____ By initialing here and signing below, I acknowledge that my child and I have viewed the CDC's video on concussion during the past 12 months (available at the website below) and have read and understand Sturgis Charter Public School District's concussion policy.

(Link to their concussion video) www.cdc.gov/concussion/headsup/training/headsupconcussion.html

Parent Name _____
(print)

Parent Signature _____
Date _____

Student Name _____
(print)

Student Signature _____
Date _____