

HINGHAM HIGH SCHOOL

Sport Candidate Clearance/Emergency Treatment Consent Form

(Form A)

Student Name: _____ D.O.B. _____

Address: _____ Phone: _____

Grade: ____ Sex: ____ List all sports interested in playing: _____

School(s) attended last year: _____

What year did student first enter high school? _____

Please answer the following questions to the best of your ability.

1. Is your child **CURRENTLY** being treated for any of the following? Please circle “Y” for Yes or “N” for No and provide details where indicated.

Arthritis or joint disease	Y	N	Hepatitis	Y	N
Asthma	Y	N	History of heat stroke or heat exhaustion	Y	N
Blood disorder	Y	N	Kidney disease	Y	N
Compromised immune system	Y	N	Life threatening allergy	Y	N
Concussion	Y	N	Allergen _____		
Diabetes	Y	N	Mononucleosis	Y	N
Fainting spells	Y	N	Seizures	Y	N
Head injury	Y	N	Other _____ Explain below.	Y	N

Please explain any “Yes” answers to above and provide more detailed information and dates:

2. Has your child had any fractures or sprain injuries? Explain: _____

3. Does your child take any medications now? _____ Medication _____

4. Does your child require an EPI-PEN or inhaler? _____ If yes, written doctor’s orders and the EPI-PEN/inhaler must be provided before the student may participate in athletics.

5. Does your child wear glasses or contact lenses? Yes _____ No _____

6. Has your child had a Tetanus Booster within the past ten years? Yes _____ No _____
If Yes, date of last Booster: _____

FORM A (page 2)

NAME _____ **GRADE** _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contacts	
Physician Name: _____	Phone: _____
Contact #1 Name: _____	Phone: _____
Cell Phone: _____	
Contact #2 Name: _____	Phone: _____
Cell Phone: _____	

I hereby give permission for my child to participate in Hingham High School athletics. The Hingham Public School Department and its athletic trainers and coaches have my permission to seek necessary emergency treatment for my daughter/son, during her/his participation in athletics, practices, games and conditioning workouts. I understand it is my responsibility to provide an EPI-PEN and/or inhaler and written doctor's orders, if needed, for my child. I also agree to allow my child to participate in ImPACT concussion screening. This permission remains in effect for this academic year only.

Parent Signature _____
Date

To try out for athletics, a student must have:

- This form (Form A)
- A physical within 13 months of the first day of try-outs
- The Athletic User Fee
- ImPACT concussion screening

Please return all forms to the Athletic Office at Hingham High School