Bangor Middle School Athletics (JFDS / WSCS)
PARENT CONSENT FORM

Student's Name: _________________________________ Sex: ______

Age: _____ Date of Birth: __________________________ Grade: ______

Athletic restrictions known by parent: ____________________________________

____

Any medical conditions or allergy we should be aware of: ____________________

____

Is student currently under doctor's care or taking any medications? ____________

____

NOTIFY IN CASE OF EMERGENCY: ___________________________________

Parent/Guardian name: ____

Home Phone: ______________________ Work Phone: _____________________

Address: ____

Family Doctor: __________________________ Doctor's Phone: _______________

INSURANCE: All students who participate in interscholastic athletic programs must have some form of insurance to cover injuries. **This section MUST be filled in:**

Insurance Company: ____

Policy # (or S.S.# of policy holder): _____________________________________

PARENTAL CONSENT: I hereby certify that the student named above may take part in interscholastic athletics for the school year _________ which involves practice sessions, participation in athletic events and transportation to and from such events. I have read the Candidate's Agreement Statement below and agree to its terms.

__________________________________ ________________
Parent/Guardian Signature Date

CANDIDATE'S AGREEMENT STATEMENT

I, _________________________________, if selected as a member of any group representing James F. Doughty School or William S. Cohen School, do hereby agree to abide by all requirements of the activity and school policies and transportation rules set forth by the school and coaching/advisor staff. It is understood that these regulations are to be in effect for as long as I am a member of the activity on the playing fields, courts or during performances, at school or outside of school. It is understood that if I violate the rules and policies set forth by the school, it may lead to immediate dismissal from the activity.

___________________________________ ______________________
Student Signature Date

PARENT FORM- JFDS / WSCS
HEALTH HISTORY FOR SPORTS PHYSICAL
(TO BE FILLED OUT BY PARENT/GUARDIAN)

Student's Name: ______________________________ Grade: _____

Age: _______ Date of Birth: _______________ Sex: _____

Home Address: ___________________________ Home Phone: ________________

EMERGENCY CONTACT: __________________________Phone: ________________

Has/Is your child: (Please circle yes or no)

1. Ever had an illness last more than a week? Yes No
2. Under a physician's care now? Yes No
3. Taking any medications? Yes No
4. Ever had injuries requiring medical attention? Yes No
5. Ever had a surgical operation? Yes No
6. Ever stayed overnight in a hospital? Yes No
7. Allergic to any medication, foods, insect bites, or other substances? Yes No

Please explain any "Yes" answers:

____

____

____

Does your child wear contact lenses? Yes No

Has your child seen a dentist in the past 6 months? Yes No

Most recent Tetanus Toxoid immunization: Date ________________

Was this a booster? Yes No

Has your child or anyone in the immediate family had: (Please check if yes)

_____ Asthma _____ Convulsions or epilepsy

_____ Diabetes _____ Migraine Headaches

_____ High Blood Pressure _____ Kidney or bladder trouble

_____ Heart murmur _____ Hernia

_____ Rheumatic fever _____ Tendency to bruise/bleed easily

Please explain any checks for above conditions:

____

____

____

Parent/Guardian Signature: ________________________ Date: ______________