

Our Lady Queen of Peace
ATHLETIC PERMIT

This document is an approval for two school years of competition, unless indicated otherwise. The Physical Examination CANNOT be taken before APRIL 1ST for any upcoming school year.

Student Athlete Name _____

Grade _____ Age _____ Gender _____

Address _____ Telephone _____

Parent(s) Place of Employment _____

Physician _____ Dentist _____

Name and Address of Private Insurance Carrier _____

Policy and Group Number _____

I hereby give permission for the above named Student Athlete to practice, compete and represent Our Lady Queen of Peace and/or MAISL in interscholastic athletics excepting those restricted on this document. I further grant permission for the above named Student Athlete to receive emergency care by the coach, school representative, or emergency medical technician. I will notify the coach and/or school of medical condition (allergy, diabetes, etc.) that may require specific medication or care. I authorize the release of information concerning the above named Student Athlete's health or physical condition that may be helpful in emergency care. Furthermore, I agree to be financially responsible for the return of all athletic equipment issued to the above named Student Athlete.

Printed Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____ Date _____

Although a dental examination is not required by Our Lady Queen of Peace as a prerequisite to athletic participation, it is recommended that your son or daughter visit a dentist regularly and that a good program of oral hygiene is maintained.

RECORD OF PHYSICAL EXAMINATION

Student Athlete Name _____

Date of Birth _____ Place of Birth (County and State) _____

Date of Examination _____ Place of Examination _____

The above named Student Athlete has been examined and there are no apparent contraindications to participating in interscholastic athletics except as follows. Sports or school activities in which the Student Athlete cannot participate are (if none - write NONB):

If the Student Athlete is approved for only one year of competition, check here _____

Signature of Licensed Physician or Nurse Practitioner/Physician's Assistant _____ Date _____

Address _____

City and State _____ Telephone _____

ALL STUDENT ATHLETES PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT OUR LADY QUEEN OF PEACE PRIOR TO PRACTICE OR PARTICIPATION.