

KEARNY HIGH SCHOOL

Athletic Trainer's

**CLEARANCE TO PARTICIPATE CARD**

To be completed by parents/guardians

Name of Athlete: \_\_\_\_\_

ID No.: \_\_\_\_\_

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

To participate in the athletic programs of Kearny High School I will be responsible for any equipment issued to my child and will compensate the Board of Education for any loss or damage to such equipment.

I give permission for my child to receive the preseason medical examination from the school physician or his designee. I give permission for the attending physician or athletic trainer to conduct any evaluation treatment reconditioning and follow-up care necessary for the athlete.

I understand that there is a risk of my child being injured which is inherent in all sports I realize the risk of injury may be severe including the risk of fractures, brain injury, paralysis or even death.

I give my permission for my child to receive any medical/surgical care necessary from a medical doctor, hospital, specialist or emergency squad. I understand that a reasonable attempt will be made to notify me prior to treatment and I give implied consent if I am not able to provide verbal or written consent.

I agree that my child will follow the prescription of the physician and that if my child is treated by the medical physician, hospital or specialist my child may not return to athletics unless written permission is received from doctor or hospital.

I understand the coverage, benefits and exclusions of the insurance program and will be responsible for any medical expenses not covered by Board insurance.

I have read and agree with the information in the Athletic Participation Manual. I give permission for my child to participate fully in any athletic program offered in Kearny High School.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out emergency information on reverse side for consideration, and return to the Office of the Athletic Trainer.

Medical Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Information**

Name of Athlete: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Allergies of the Athlete: \_\_\_\_\_

Existing Medical Condition of the Athlete: \_\_\_\_\_

Special Needs of the Athlete: \_\_\_\_\_

Kearny Police Department: 911 / 201-998-1313

Kearny Emergency Squad: 911 / 201-997-7500

Athletic Trainer: 201-955-5081

Athletic Director: 201-955-5051