



## DEPARTMENT OF ATHLETICS

### Athletic Permit

Participation in athletics is voluntary. It is important to realize that there is a possibility that catastrophic injury may occur due to athletic competition. The Quincy Public Schools has an insurance policy (non-duplicating) which covers injuries sustained while involved in school athletics. This policy will pay only for medical expenses not covered by your own health insurance coverage. A sample of the policy detailing the BENEFIT PACKAGE AND LIMITATIONS is available through your school's Principal, Head Coach or Athletic Director.

Name of Student: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

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

Do you subscribe to a health insurance plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Plan: \_\_\_\_\_ Certification or Policy #: \_\_\_\_\_

### STATEMENT OF PARENT

This is to certify that I have read the statements on this document, as well as the Parent/Athlete Concussion Information Sheet, and hereby give permission for my child to participate in the sport named.

Parent(s) Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Please state any medical information school personnel should have in case of emergency:

Medication(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### STATEMENT OF NURSE

This is to certify that the MIAA Sports Candidate Medical Questionnaire is complete and on file. The physical exam expires on the following date: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_