



**QUINCY
PUBLIC
SCHOOLS**

**Richard DeCristofaro, Ed.D.
Superintendent of Schools**

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 schools Principal, Head Coach or Athletic Director.

Name of Student: _____ Grade _____ Homeroom _____

Sport _____

Do you subscribe to Blue Cross/blue shield or any other hospital/medical insurance plan?

Yes _____ No _____ Name of Plan: _____ Certification or Policy #: _____

STATEMENT OF NURSE

This is to certify that the MIAA Sports Candidate Medical Questionnaire is complete and on file as of the

following date: _____ Nurses Signature _____

Athletic Director's Signature: _____

STATEMENT OF PARENT

This is to certify that I have read the statements on this document and hereby give permission for my child to participate in the sport named.

Parent(s) 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 an emergency:

Medication(s): _____

Family Physician _____ Telephone # _____

The Quincy Public Schools does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, or handicap, in its educational activities or employment practices.