

Hazelwood Central High School

15875 New Halls Ferry Road, Florissant, MO 63031-1299

Updated Parent/Guardian Statement

Athlete Name: _____ Sport: _____

Social Security Number: _____ Current Grade in School: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

I _____, as parent/guardian of the above named athlete, give my permission for my son/daughter to participate in the sport of _____ at Hazelwood Central High School. I understand and accept that there are risks of serious injury and death in any sport, including the one in which my child has chosen to participate.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed certified athletic trainer, coach or medical practitioner.

I am aware that my son/daughter has been administered a physical examination within the past year (physical must be on file with the trainer) and that the physician found no reason which would make it medically inadvisable for him/her to compete in supervised athletic activities. Furthermore, to the best of my knowledge, there has not been any change in my son's/daughter's medical condition since the physical examination, which would make it medically inadvisable for him/her to compete in supervised athletic activities.

I also state that my child is covered by an accident and hospitalization policy, which includes coverage resulting from injuries sustained while actively participating in supervised athletic practice or game.

Signed: _____ Date: _____

Relationship: _____

Phone Number: _____