



ATHLETE HEALTH and PERMISSION RELEASE FORM

1. I give permission for my son/daughter (print full name) _____
to participate on the (level/gender/sport) _____ team
for the 2021-2022 school year.
2. I understand that the Lackawanna City School District does provide student accident insurance for participants in interscholastic athletics and that it is the responsibility of the parent/guardian to assume any costs not outlined through this insurance.
3. It is to my understanding that my son/daughter has been given a medical physical by the school's physician during a scheduled visit or by a private physician and is eligible to participate on a sports team. A record of this physical is on file in the Lackawanna High/Middle School Nurse's Office and is valid for one year from the date it was given.
4. I agree to assume full financial responsibility for any injuries to my son/daughter as outlined above, and I also am aware that the Lackawanna City School District is NOT at fault for any such injury to my child.
5. I have read and understand the districts concussion management protocol that is located on the athletic webpage.
6. I also give permission for emergency transport and/or emergency treatment in the event of injury incurred in connection with said sport.

HEALTH INSURANCE PROVIDER _____

PARENT/GUARDIAN SIGNATURE _____

PHONE NUMBER _____ **DATE** _____

EMERGENCY PHONE NUMBER _____

COACH'S SIGNATURE _____
