

# ST. JOHNSBURY ACADEMY

STUDENT ATHLETE: \_\_\_\_\_  
PLEASE PRINT NAME

SPORT \_\_\_\_\_

Parental Permission/Medical Release Form

GRADE \_\_\_\_\_

for Athletic Participation

I/we hereby authorize the Athletic Training Department, coaches, and administrators to provide preventative, acute, or rehabilitative treatment for my child, and further agree not to hold the school or anyone acting upon its behalf responsible for any injury, treatment, or method of care occurring while the above named student is participating in athletics or associated travel.

I/we also authorize my child to receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of athletic activities or travel.

- In the event of a medical emergency, I expect every reasonable attempt to be made to contact me.
- I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by the examining doctor.
- I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school approved vehicles.

\_\_\_\_\_  
PRINT PARENT OR GUARDIAN NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The Athletic Trainers are not allowed to dispense aspirin, Advil, Tylenol, etc., to any individual. However, if an athlete has an inhaler or other medication prescribed by the family physician, the Athletic Trainer will keep the medication in a safe and readily available area if requested to do so.

Please return to Tom Conte or the Athletic Training Department. (To be on file in the Athletic Training Room)

SHOULD YOU HAVE ANY QUESTIONS WHATSOEVER PERTAINING TO THIS FORM PLEASE CONTACT THE ATHLETIC DIRECTOR AT 802/751-2121.

**(BOTH SIDES OF THIS FORM MUST BE FULLY COMPLETED UPON SUBMISSION)**

