

JUMP STARTS AND JUMP SHOTS
Taunton High School
AUTHORIZATION FOR MEDICAL TREATMENT and
EMERGENCY INFORMATION

I give my permission for the evaluation/treatment of my child by any duly licensed physician and/or hospital in the event of illness or injury. I understand every attempt will be made to contact me.

Parent/Guardian's Signature _____

Address _____ City _____

Date of Birth _____ Telephone # _____

Age _____ Entering Grade: _____

Parent/Guardian's Name _____

Telephone: _____

Alternate Emergency Contact Person _____

Relationship _____ Telephone # _____

Please answer the following medical history questions:

Please check if the athlete has any of the following:

Concussions: Yes _____ No _____

- Please provide information including dates relative to any head injury history _____
- For more information please visit the following websites:
- www.cdc.gov/concussion;
- http://www.cdc.gov/concussion/headsup/high_school.html;
- <http://nfhslearn.com>

Does the athlete wear contact lenses to participate? Yes _____ No _____

Please list **ALL** medications, including inhalers and directions for use:

Please list **ALL** allergies, including medications, food and insects:

I, _____, the undersigned Father/Mother/Guardian

Of _____ a minor, do hereby consent to his/her participation in The voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to Hold harmless the City of Taunton, the Taunton School District, Taunton High School, and any employees or agents of said City, District, and High School from any and all actions, causes of action and claims on Account of or in anyway growing out of, directly or indirectly, all known personal injuries or property damage which I may now or hereafter as the parent/guardian of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her age Of majority resulting from his/her participation in the Taunton High School Summer Clinic.

I have read the above statement and agree to its' terms:

Parent Signature/Guardian

Date:

Revised 5/15