

# HINGHAM HIGH SCHOOL

## Sport Candidate Clearance/Emergency Treatment Consent Form

### (Form A)

Part 1 is to be completed, signed and dated by a parent or guardian and returned with the student to the school with a current physical and the Athletic User Fee. All 3 parts must be completed before a student is allowed to participate in athletic activities.

### PART 1: PARENT/GUARDIAN FORM

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_ Sex: \_\_\_\_ List all sports interested in playing: \_\_\_\_\_

School(s) attended last year: \_\_\_\_\_

Please answer the following questions to the best of your ability.

1. Is your child **CURRENTLY** being treated for any of the following? Please circle “Y” for Yes or “N” for No and provide details where indicated.

Arthritis or joint disease	Y	N	Hepatitis	Y	N
Asthma	Y	N	History of heat stroke or heat exhaustion	Y	N
Blood disorder	Y	N	Kidney disease	Y	N
Compromised immune system	Y	N	Life threatening allergy	Y	N
Concussion	Y	N	Allergen _____		
Diabetes	Y	N	Mononucleosis	Y	N
Fainting spells	Y	N	Seizures	Y	N
Head injury	Y	N	Other _____ Explain below.	Y	N

Please explain any “Yes” answers to above and provide more detailed information and dates:

\_\_\_\_\_

\_\_\_\_\_

2. Has your child had any fractures or sprain injuries? Explain: \_\_\_\_\_
- \_\_\_\_\_

3. Does your child take any medications now? \_\_\_\_\_ Medication \_\_\_\_\_

4. Does your child require an EPI-PEN or inhaler? \_\_\_\_\_ If yes, written doctor’s orders and the EPI-PEN/inhaler must be provided before the student may participate in athletics.

5. Does your child wear glasses or contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has your child had a Tetanus Booster within the past ten years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, date of last Booster: \_\_\_\_\_

**FORM A (page 2)**

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1:	Parent/Guardian #2:
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contacts:	
Physician Name: _____	Phone: _____
Contact #1 Name _____	Phone: _____
Cell Phone: _____	
Contact #2 Name: _____	Phone: _____
Cell Phone: _____	

I hereby give my permission for my child to participate in Hingham High School sports. The Hingham Public School Department and its athletic trainers and coaches have my permission to seek necessary emergency treatment for my daughter/son, during her/his participation in athletics, practices, games and conditioning workouts. I understand it is my responsibility to provide an EPI-PEN and/or inhaler and written doctor's orders, if needed, for my child. I also agree to allow my child to participate in ImPACT concussion screening. This permission remains in effect for this academic year only.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**PART 2: MEDICAL CLEARANCE**

To be completed by the Hingham High School Nurse <b>ONLY</b> :	
Date of Last Physical Examination: _____	
_____ School Nurse Signature	_____ Date

**PART 3: USER FEE RECEIPT**

To be completed by the Hingham High School Athletic Director <b>ONLY</b> :		
_____ Check #	_____ Date Received	_____ Athletic Director Signature