



DEPARTMENT OF ATHLETICS

Athletic Permit

Participation in athletics is voluntary. It is important to realize that there is a possibility that catastrophic injury may occur due to athletic competition. The Quincy Public Schools has an insurance policy (non-duplicating) which covers injuries sustained while involved in school athletics. This policy will pay only for medical expenses not covered by your own health insurance coverage. A sample of the policy detailing the **BENEFIT PACKAGE AND LIMITATIONS** is available through your school's Principal, Head Coach or Athletic Director.

Name of Student: _____ School _____ Grade: _____

Sport: _____

Do you subscribe to a health insurance plan?

Yes _____ No _____ Name of Plan: _____ Certification or Policy #: _____

STATEMENT OF PARENT

This is to certify that I have read the statements on this document, as well as the Parent/Athlete Concussion Information Sheet, and hereby give permission for my child to participate in the sport named.

Parent(s) Signature: _____

Student Signature: _____

Home Phone: _____ Work Phone: _____

Contact Person: _____ Relationship to Athlete: _____

Telephone Number(s): _____

Please state any medical information school personnel should have in case of emergency:

Medication(s): _____

Family Physician: _____ Telephone #: _____

STATEMENT OF NURSE

This is to certify that the MIAA Sports Candidate Medical Questionnaire is complete and on file. The physical exam expires on the following date: _____ e e _____

Nurse's Signature: _____