

HEALTH HISTORY

Does your son/Daughter have any health related conditions that the BHS staff should be made aware of? Conditions may include, but are not limited to..... Heart Condition, High Blood Pressure, Asthma, Allergies, Diabetes, Epilepsy, Jaundice, Previous Fractures or Surgeries. Please explain in detail, and feel free to contact your child's coaches, athletic trainer or athletic director to discuss your concerns.

Does your child take any prescription medication that the BHS coaches/athletic training staff should be made aware of?

Name of medication _____ Used for _____

INSURANCE INFORMATION - REQUIRED

All students wishing to participate on a BHS athletic team must show proof of health insurance.

Insurance Company: _____ Policy Number: _____

Family Name on Policy: _____

Students who do not have health insurance can purchase a school plan through the athletic department.

ACTIVITIES CODE

I have read the Biddeford High School Student Activities Code. (Refer to Student Handbook)

Parent Signature

Student Signature

TRANSFER POLICY

Did you transferred to the Biddeford School District in the past calendar year? YES - NO (circle)

If yes.... Did you move to Biddeford YES - NO or did you move in with a parent/guardian who was already living in Biddeford YES - NO

The answers to the above questions are correct. I understand that any misrepresentation of any of the information contained herein will result in the student being denied the opportunity to participate. I hereby give my consent to the participation of the student/athlete listed above in the Biddeford High School athletic program. Parents and guardians should be aware that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand the warning. I shall assume all responsibility and expense for injury received in practice or participation. I give permission for my son/daughter to be diagnosed and treated by a licensed physician, certified athletic trainer and those directly under their supervision should such services be necessary.

Parent Signature: _____ Date: _____