

PUTNAM VALLEY CENTRAL SCHOOL DISTRICT

ATHLETICS, HEALTH, AND PHYSICAL EDUCATION

146 PEEKSKILL HOLLOW ROAD,

PUTNAM VALLEY, NEW YORK 10579

OFFICE: (845) 528-7412 FAX: (845) 526-7852

Informed Consent Form

I hereby give my permission for _____ to participate in _____ during the athletic season beginning _____. It is my understanding that my child will comply with the policies of the Putnam Valley Central School District, Putnam Valley Athletic Department and the coach of my team. My child and I are aware that participating in _____ is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and injury or impairment to other aspects of the body, general health and well being. All such risks to my child are known and appreciated by my child and me.

Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Emergency Contact Information:

Parent\Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Family Physician: _____ Telephone Number: _____

Medical Conditions: _____ Any

known Allergies (Medical, food, or other): _____

Child's Date of Birth: _____

Other Person to Contact in Case of Emergency: _____

Relationship with person: _____

Home Phone: _____ Cell Phone: _____

We understand this informed consent form and agree to its conditions.

Athletes Signature: _____ Date: _____

Parent\Guardian: _____ Date: _____