

**Brattleboro Area Middle School**  
**Parent/Guardian and Student Consent**

Name: \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Sport(s): \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Recent Medical History**

Since your last physical exam, or last season of interscholastic competition at Brattleboro Area Middle School, have you had;

Any injuries requiring medical attention?	Yes	No
Any illness lasting more than one week?	Yes	No

If yes was answered to either of the above, please explain:

**Emergency Contact Information**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Day time Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Back-up Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Other: \_\_\_\_\_  
Daily Medications: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Tetanus Status: \_\_\_\_\_

**Participation Consent**

I/We consent to the participation of the above-named student in organized high school athletics, including practice sessions and competition, travel to and from athletic contests and other activities. I/We realize 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 observance of the 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 also agree that if the medical status of the above-named student changes in any significant manner after passing the physical examination, I/We will notify Brattleboro Area Middle School (BAMS) immediately.

I/We also agree that if the insurance of the above-named student changes during the school year, I/we will notify BAMS.

I/We give permission to the above-named student to have whatever medication or treatment is considered necessary for an emergency, during their absence from home.

I/We hereby affirm by our signature(s) presented below that we have read and understand the above warning, and agree to all of the above.

Furthermore, I/We hereby affirm our signature(s) presented below that we have read, understand, and agree to abide by the BAMS Athletic Participation Code complete in the Athletic Handbook and as outlined on the back of this consent form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Student Signature) (Date) (Parent/Guardian Signature) (Date)