

Date _____

Sport _____

2011-2012 PPQ

PARENT PERMISSION QUESTIONNAIRE (PPQ)

(To be completed by Parent/Guardian)

DEAR PARENT/GUARDIAN: Your son/daughter has indicated a desire to participate in athletic activities sponsored by the Bay Shore Schools. To be eligible to participate in school sponsored athletic activities, your child must pass a screening provided by the school physician. In lieu of this, you may submit proof of a physical examination from your family physician on the proper school form. Please answer the following questions in reference to your child:

STUDENT _____ GRADE _____ BIRTHDATE _____

PARENT/GUARDIAN NAME _____ TELEPHONE # _____

ADDRESS _____

(Please Circle One)

Was your child injured or ill this summer requiring the services of a physician and/or hospitalization? **Yes** **No**

If yes, please specify and attach a note from your physician indicating that the student is able to participate in extracurricular activities.

Is he/she under a physician's care now? (Ex: seizures, asthma, diabetes) **Yes** **No**
If yes, please explain.

Does he/she take medication now? **Yes** **No**
If yes, please list name of medication and the reason for the prescription.

Do you know any reason why your child should not participate in sports? **Yes** **No**

Does your child have a history of passing out during or after exercise, chest discomfort during exercise, skipped beats during exercise, family history of sudden death and/or personal history of any previous cardiovascular findings? **Yes** **No**

Has your child ever had a head injury or concussion? **Yes** **No**
If yes, how many previous concussions and when?

(PLEASE CHECK ONE)

I give permission for the school nurse to notify my child's coach of any above listed conditions. **YES** **NO**

PLEASE NOTE: Students may not participate in contact sports if there is absence or limited vision in one eye, severe myopia, significant hearing loss or has any medical problem for which contact would be contraindicated. If you have any questions, please call (631) 968-1186, prompt #5.

Signature of Parent/Guardian

Date

NURSE _____ DATE _____

FOR OFFICE USE ONLY: DR. EXAM _____ PPQ _____ W/PRF _____

(over)

BAY SHORE UNION FREE SCHOOL DISTRICT
Department of Health, Physical Education and Athletics

SPORT _____

Please complete the sections below and the Parent Permission Questionnaire on reverse side. This form must be completed and returned **before** participation in the program.

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby give consent for my son/daughter _____ to compete in (sport) _____ which my private or the school physician has given medical clearance for the current school year. I give permission for my child's health care provider to be contacted by the school nurse to clarify any medical information for sports clearance. **I shall be held financially responsible for any issued equipment not returned.**

I give my permission for my child to go on any field trips that the team makes under the supervision of the coach.

I hereby acknowledge an awareness that participation in sports involves a risk of injury, and that these injuries may occur in some instances as the result of unavoidable accidents. I accept these risks in giving consent to participation in the above noted sport.

I understand that the **district's student accident insurance policy is a supplemental coverage program** which excludes certain items and is limited to a plan maximum of \$25,000. I understand that if I do not have insurance or Medicaid coverage for my child, the district's student accident coverage will become primary, subject to its exclusions and limits.

Signature of Parent/Guardian

Phone Number

Name of Family Physician

Phone Number

Name and telephone number of person to contact in case of emergency

TO BE SIGNED BY STUDENT ATHLETE:

I am aware that participating in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of participating in sports may include death, neck and spinal injuries, complete or partial paralysis, brain damage, injury to the muscular-skeletal system, as well as injury to other parts of my body. I understand that the dangers of playing sports

may result not only in injury but the impairment of my future abilities to live a full and productive life. Because of the dangers of participating in sports, I recognize the importance of following coaches' instructions regarding conditioning, playing techniques training and other team rules, etc., and agree to obey such instructions.

I agree to abide by all rules regarding the use of alcohol and drugs. I understand that alcohol and drug addiction is a disease and even though it may be treatable, it has serious physical and emotional effects -- effects that would hurt me, my family, my team and my school. Given the serious dangers of alcohol and drug use, I accept and pledge to follow all rules and laws established by my school, team, and community regarding the use of alcohol and drugs.

Signature of Student Athlete

Street Address & Town

TO BE SIGNED BY PARENT/GUARDIAN AND STUDENT ATHLETE:

We have read and understand the Bay Shore Union Free School District **Attendance Policy, Eligibility Policy, Code of Conduct and Spectator Code of Conduct.**

Signature of Parent/Guardian

Signature of Student Athlete

TO BE SIGNED BY PARENT/GUARDIAN:

I give the school nurse permission to contact my child's healthcare provider for clarification on medical information regarding sports clearance.

Signature of Parent/Guardian

Date