

TUCKAHOE HIGH/MIDDLE SCHOOL  
 Health Department  
 65 Siwanoy Boulevard  
 Eastchester, New York 10707  
 (914) 337-5376 Ext. 236

**PARENTAL CONSENT FORM**

**SPORT:** \_\_\_\_\_

I hereby give permission for my child to participate in the Tuckahoe Schools Interscholastic Athletic Program. This consent includes practice sessions and travel to and from Athletic contests.

Permission is also granted for my child to have a sports physical by the school physician or, if I chose, it will be done by our private physician.

I also understand that injuries may occur during interscholastic competition and or practice. In the event of an injury, the School Health Office and I will be notified. I further consent to treatment deemed necessary by physicians designated by school authorities of any illness or injury resulting from athletic participation.

I understand it is my responsibility to supply any medication with instructions for the same that might be required in case of an emergency or any significant medical condition my child might have.

Students' Name \_\_\_\_\_ Grade \_\_\_\_\_ Telephone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Name)

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

List:	Yes	No
Asthma	_____	_____
Allergies	_____	_____
Diabetes	_____	_____
Seizures	_____	_____

List Medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_