

**Rice Memorial High School**  
**Medical Information and Parental Permission Slip Form**

Signature on this form indicates that the student athlete and parent(s) or guardian(s) agree to abide by the athletic policies of the Vermont Principals' Association and the athletic, transportation, attendance, and behavior policies of Rice Memorial High School.

Athlete's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Athlete's Information**

**Sport(s):** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Broken Bones Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Head Injury Date: \_\_\_\_\_

Medical conditions or activity restrictions (ex. Asthma, diabetes, heart murmur): \_\_\_\_\_

Is athlete currently on any medications? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Permission for Treatment**

To the Parent/Guardian: In case of injury acquired during interscholastic competition or athletic practice on school grounds, or during a school sponsored activity, I hereby consent to have the above named student examined and, if required, to be treated by a physician or hospital. I am of the understanding that in case of injury, Rice Memorial will make every effort to contact me prior to taking the student to a physician or hospital. In the event that I cannot be notified, Rice Memorial and its representative has my permission to take appropriate steps to insure the safety and well being of my child.

I, the parent/guardian of \_\_\_\_\_, give Rice Memorial and authorized personnel permission to sign for treatment in case of accident or injury.

**Transportation Policy**

I acknowledge that it is Rice Memorial's policy to not provide transportation for games/practices in Chittenden County. It is the responsibility of the parent/guardian to provide or arrange transportation to and from away contests. Rice Memorial cannot be held responsible for mishaps occurring en route to or from a game/practice. In these cases, Rice assumes responsibility for athletes only after the coach arrives and ends after the coach leaves. The coach will not leave the site until all athletes have safely left the premises.

**Parental/Guardian Permission**

I hereby give my consent for the above named student to participate in VPA approved athletic programs as a representative of Rice Memorial High School. I understand that there are inherent risks for injury in athletics and that Rice Memorial shall not be held liable for injuries sustained during practices/games. I also give my consent for the student to travel with his/her team on out-of-town trips.

**Signature Block**

Student \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Physician's Statement**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Heart murmur \_\_\_\_\_ Scoliosis \_\_\_\_\_

Immunizations: Tetanus \_\_\_\_\_ Date of last physical \_\_\_\_\_

This is to certify that \_\_\_\_\_ was examined by me and is physically able to compete in athletics.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Physician's name (print): \_\_\_\_\_ Phone: \_\_\_\_\_