

LEXINGTON PUBLIC SCHOOLS' DEPARTMENT OF ATHLETICS

PARENT PERMISSION FORM / RELEASE AND WAIVER OF LIABILITY

Parents / Guardians: Please carefully read and complete the front and back of this form. It will be used to help ensure the safety of your child while participating in an interscholastic sports program. All information is confidential and will be used only for the purpose of evaluating your child's health status and for facilitating medical care or treatment in an emergency.

Student name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

CIRCLE THE SPORT YOU WILL PLAY THIS SEASON

FALL

- Football
Soccer
Field Hockey
Girls Swimming
Volleyball
Cross Country
Golf
Football Cheerleading
Soccer Cheerleading
Intramurals
Before School Sports

WINTER

- Basketball
Wrestling
Boys Swimming
Hockey
Indoor Track
Basketball Cheerleading
Hockey Cheerleading
Intramurals
Before School Sports

SPRING

- Baseball
Softball
Tennis
Lacrosse
Outdoor Track
Intramurals
Before School Sports

Parent/Guardian name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

Physician name: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member I.D. #: \_\_\_\_\_

1) Has the student had a serious illness or surgery during the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

2) Is the student currently under medical care for any condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

( Turn Form Over - Sign & Complete On Other Side)

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Student / child's name: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: a. \_\_\_\_\_

Does your child need an **EpiPen**? \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_

Is the **EpiPen** with him/her at all times? \_\_\_\_\_

It is required that students with life threatening allergies have an EpiPen with them at all times during interscholastic sports.

**WAIVER AND RELEASE**

I, \_\_\_\_\_, the undersigned (father, mother, legal guardian) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever **RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS** the Town of Lexington and the Lexington Public Schools from any and all actions, causes of action and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all claims of right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from his/her participation in the Lexington Public Schools athletic programs. This release includes, but is not limited to, any and all actions, causes of actions and claims on account of, or in any way growing out of, directly or indirectly, \_\_\_\_\_ participation in \_\_\_\_\_.

I acknowledge the risks associated with participating in this activity.

I verify that the above information is correct and give permission for my child to participate in the interscholastic sports program. I understand that in case of injury The Lexington School Department is responsible **only** for first aid treatment and efforts will be made to contact the parents/guardian should an injury occur. In the event of an **emergency**, and timely treatment is of great importance, and school officials are not able to contact me promptly, I authorize the school authorities to exercise their best judgment for my child's welfare and give my consent for emergency treatment to be initiated by calling 911 and permit my child to be transported to the nearest medical facility.

\_\_\_\_\_ My personal medical insurance is adequate to cover all medical costs.

\_\_\_\_\_ I have subscribed to the regular school insurance offered in addition to my personal insurance.

Signature of  
Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_