

BOGOTA HIGH SCHOOL PARENTAL CONSENT SLIP

Sport: _____ Grade: 6 7 8 9 10 11 12

The following information is needed for those enrolled in the sports program.

Name: _____ D.O.B.: _____

Telephone: _____

Address:

Parent/Guardian Name: _____

Emergency Phone: _____ Name: _____

Physician: _____

NOTE TO PARENTS/GUARDIANS CONCERNING INSURANCE

To insure coverage of all claims, the student must report the injury immediately to his/her coaches in charge and/or athletic trainer. In the event of an emergency after arrival at home, the parent or guardian must notify a school official/athletic director as soon as possible.

HEALTH HISTORY UPDATE

☐ Is your child presently under the care of a physician or taking any medications?

☐ No ☐ Yes Explain: _____

☐ Has your child sustained any serious injury, illness, hospitalization or operations since his/her last physical examination?

☐ No ☐ Yes Explain: _____

SIGNATURE REQUIRED ON REVERSE SIDE

CONSENT FORM

I give my consent and approval for _____

to participate in _____ during the 20____ season in

accordance with the rules and regulations of the NJSIAA.

Signature of Parent/Guardian

Date

I, _____, desire to be a candidate for
an athletic team at Bogota Jr/Sr High School and agree to abide by the rules and regulations set
forth in the athletic/co-curricular guidelines.

Signature of Student

Date

* I acknowledge that I have reviewed the following pamphlets, which can be assessed
online at the Bogota High School Athletics Website (www.bogotaboe.com) in "Athletics
Physical Forms" *

**Bogota Jr./Sr. High School Athletics Guidelines,
Sudden Cardiac Death in Young Athletes,
Sport-Related Concussion and Head Injury,
Opioid Use and Misuse, Opioid Video Mandate Memo &
NJSIAA Steroid Testing Policy**

Signature of Parent/Guardian

Date

NOTE TO PARENTS/GUARDIANS CONCERNING PHYSICALS

Your child will need to obtain a sports physical from their primary care physician.

***If you do not have a primary care physician and unable to schedule a physical due to
financial reasons, please contact the Athletic Trainer or School Nurse.***