



Prince George's County Public Schools

Parental Permission for Participation in Interscholastic Athletics

Please fill in the appropriate blanks and return this form to the head coach of the sport in which you wish your son/daughter to participate. Permission to participate is not granted unless this form is signed by the parent or legal guardian. Permission applies only to the sport specified. A new form *shall* be submitted if guardianship or insurance information changes.

My child, _____, has my permission to participate in the
First Name **Last Name**

following Prince George's County athletic program for the _____ school year.

School _____ Sport _____

Parents/Guardian Signatures **(Date)** **Address**

Home Phone **Work Phone**

Request for Student Pre-Participation Physical Evaluation Form

It is extremely important that the school maintain a copy of your child's pre-participation evaluation form in the individual school record kept in the school health nurse's suite. Pre-participation forms are to be collected by the athletic director. The forms *shall* be kept in a secure file at all times.

Please sign and date if you agree to have your child's physical evaluation form on file.

Parent or Guardian Signature **(Date)**

Insurance Information

The school does not provide insurance coverage for athletes other than the group catastrophic policy for county football programs. All participants *shall* have their own insurance coverage in effect prior to participation to cover injuries that might arise.

My child has injury insurance coverage under policy # _____

through _____
Insurance Company

Parent or Guardian Signature **(Date)**

In case of an emergency in which your child needs immediate medical treatment, we will send him/her to the nearest hospital and notify you immediately. The phone numbers you supply are of the utmost importance and should be updated when a change occurs. Please list your doctor's name and phone number so that he may be contacted if necessary:

Name of Doctor _____ Phone Number(s) _____