

NEWTON ATHLETIC DEPARTMENT

HMS Athletic Consent and Agreement

(Must be completed and returned to the HMS School Nurse before athletic participation)

Name _____ Date of Birth _____

Sport _____ Grade in School _____

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By signing this agreement I am acknowledging that I have reviewed and/ or will abide by the following:

1. HMS Sports Participation Instruction Sheet
2. HMS Athletic Consent and Agreement Form
3. Eligibility Policy
4. Sudden Cardiac Death in Young Athletes Informational Pamphlet
5. Concussion Fact Sheet and Acknowledgement Form

All forms/ policies are available on the HMS website www.newtonnj.org (go to “Halsted Middle School” section, then to the “Nurse” Quick Link and click on “Sports Forms.” A hard copy can be obtained at the main office.

I hereby certify that I have reviewed the policies above and it is with my full knowledge and consent that my child participate in the above named sport and he/she will abide by the rules and policies set forth by the Newton Board of Education and Halsted Middle School.

In the case of injury, the athletic trainer, coach, school nurse or administrator has my permission to have him/her treated at the nearest hospital if I cannot be reached.

Parent/Guardian Name (Please Print) _____

Address: _____

Primary Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Name and Number of Person to Contact if Parent/ Guardian Cannot be Reached:

Name: _____ Number: _____

Is there any pertinent medical information that you would like the athletic staff or emergency personnel to be aware of? _____

