

FOR NURSES USE ONLY:

Health History: _____

Physical: _____

Nurses Approval: _____

**GUILDERLAND CENTRAL
SCHOOL DISTRICT**

**DEPARTMENT OF ATHLETICS
** PLEASE NOTE A HISTORY FORM
MUST BE FILLED OUT FOR EACH
SPORT SEASON****

SPORT: _____

SEASON: F W S (circle one)

LEVEL: Mod Frosh JV V (circle one)

PARENT CONSENT, ELIGIBILITY AND EMERGENCY INFORMATION

PARENT/GUARDIAN: In accordance with the rules and regulations of the Guilderland Central School District and the New York State Education Department, I hereby give consent for:

Student Name: _____ Grade: _____ Birth date: _____ Age: _____

Last

First

Street Address: _____ Gender: M F (circle one)

Town/Zip Code: _____ If New Student, School Attended Last Year: _____

EMERGENCY INFORMATION: *Please provide all of the following information:*

Parent/Guardian: _____ Parent/Guardian Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Emergency Contact Person: _____ Phone: _____

Family Physician: _____ Phone: _____

Revised: 9/2014