

MELROSE HIGH SCHOOL  
360 LYNNFELLS PARKWAY  
MELROSE, MA 02176  
781-462-3223  
FAX: 781-979-2131

DEPARTMENT OF PHYSICAL EDUCATION  
HEALTH & ATHLETICS  
PATRICIA RUGGIERO, DIRECTOR  
DENISE DAGLIO, SECRETARY

**WINTER SPORT  
PERMISSION FORM**

**SCHOOL YEAR** \_\_\_\_\_

To participate in the interscholastic athletic program, students must pass a sports physical examination, have the permission of their parents or guardian, and maintain satisfactory scholarship and citizenship standings, according to the Interscholastic Athletic Association.

The school department is not liable for expense, medical or otherwise, incurred during participation in interscholastic sports.

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**TO BE COMPLETED BY PARENT OR GUARDIAN  
PLEASE COMPLETE BOTH SIDES**

**DATE OF BIRTH** \_\_\_\_\_

**CIRCLE CHOICE**

**BOYS BASKETBALL  
BOYS SWIMMING**

**HOCKEY  
INDOOR TRACK**

**WRESTLING  
GYMNASTICS**

**GIRLS BASKETBALL  
GIRLS HOCKEY**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Room \_\_\_\_\_

Address \_\_\_\_\_ City/Town/Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Tel: (     ) \_\_\_\_\_ - \_\_\_\_\_     Work (     ) \_\_\_\_\_ - \_\_\_\_\_     Emergency (     ) \_\_\_\_\_ - \_\_\_\_\_

I have read and understand the statements on this form and all attached forms-Hazing, Eligibility, Participation Guidelines and Parent Information sheet. I give permission for my son/daughter to participate in the interscholastic sport indicated above. I understand that Melrose is responsible only for first aid treatment in the event of illness or injury.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received a copy of Chapter 536 of the acts of 1985-an act of prohibiting the practice of hazing.

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Signature of Student

**Students**

**Name (Print Clearly)**

**Sport**

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**STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS**

The Commonwealth of Massachusetts Executive Office of Health and Human Services now requires that all schools subject to the Massachusetts Interscholastic Athletic Association (MIAA) rules adhere to the following law. Student-athletes and their parents, coaches, athletic directors, school nurses, and physicians must learn about the consequences of head injuries and concussions through training programs and written materials. **The law requires that athletes and their parents inform their coaches about prior head injuries at the beginning of the season.** If a student athlete becomes unconscious during a game or practice, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for “return to play.”

Parents and students who plan to participate in any athletic program at Melrose High School must also take a free on-line course. Two free on-line courses are available and contain all the information required by the law. The first is available through the National Federation of High School Coaches. You will need to click the “order here” button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes.

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

The second on-line course is available through the Centers for Disease Control and Prevention at:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

Your signature below acknowledges that you have read the above and completed one of the courses listed. This is required in order to participate on any athletic team at Melrose High School. Thank you very much.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name – Please print clearly

**This form is to be completed once per school year.**

Please indicate (*circle*) what season this was last completed: Fall / Winter / Spring

MELROSE PUBLIC SCHOOLS  
Field Trip  
Parental Consent and Release from Liability Form

Your child's teacher has volunteered to organize a school-sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child can go. If you do not give permission, your child will remain at school for the regular day and continue academic work there. This field trip is not essential, and your child's grade will not be affected by participation in this trip. This trip is offered as enrichment.

Your child's teacher may provide additional details such as clothing requirements, lunch provisions, and other details in an accompanying correspondence to you. Please read this information carefully. Your child will be supervised by teachers and/or parent chaperones. It is possible that your child may face more risks by participating in this field trip than if your child stayed at school. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child, and are in the best position to decide whether your child should participate. The Melrose Public Schools School Committee, Superintendent, and Principal have approved this field trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this field trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release have no effect.

By signing this form, we/I, the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor,  
*(Student's Name)*  
do hereby consent to his/her participation in a voluntary field trip for transportation for \_\_\_\_\_ .  
*(Sport)*

For the current sport season/year and do forever RELEASE, acquit, discharge, and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents, including all field trip volunteers and chaperones, from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage that we/I may now or hereafter have as parent(s)/guardian(s) of said minor, and also all claims or right of action for damages that said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in this field trip.

Furthermore, we/I hereby agree to INDEMNIFY, hold harmless, protect, reimburse and make good to the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, representatives and agents from any and all actions, causes of action, claims, demands, damages, loss of services, costs, attorneys' fees, expenses and compensation arising from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said field trip.

\_\_\_\_\_  
Parent/Guardian Name *(Please print)*      Parent/Guardian Signature      Date

\_\_\_\_\_  
Student's Last Name *(Please print)*      First Name      Middle Initial

\_\_\_\_\_  
Home Address      Zip Code      Telephone No.

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_  
*(A copy of the birth certificate may be required)*

Health Insurance Carrier \_\_\_\_\_

Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

1. \_\_\_\_\_  
Name Telephone No. Relationship

2. \_\_\_\_\_  
Name Telephone No. Relationship

3. \_\_\_\_\_  
Name Telephone No. Relationship

**FIELD TRIP CANCELLATION RELEASE AGREEMENT**

1. The School Committee reserves the right to cancel any school-sponsored field trip up to the time of departure and to recall any field trip in progress, whenever, in the Superintendent's judgment, a change in circumstances, whether man-made or natural, warrants such action in the interests of the safety of students and other participants or for any other appropriate reason.
2. If a trip is cancelled, the Superintendent will endeavor to make the decision at the earliest date possible.
3. If a trip is cancelled, the school district will make an effort to obtain a refund of monies paid by students and parents/guardians; however, such refund is not guaranteed. Parents/guardians may lose all or any portion of the funds that they have expended in connection with the trip.
4. It is strongly suggested that all participants purchase comprehensive trip insurance as warranted.

We/I affirm that we/I have read the above Field Trip Cancellation Release Agreement and understand that the Superintendent has the right to cancel or to recall a school-sponsored field trip. We/I understand and acknowledge that, in the event of such action, we/I may lose all or any portion of the funds that we/I have expended in connection with the trip. We/I agree to release and covenant to hold harmless and not to sue the City of Melrose, the Melrose School Committee and their successors, departments, officers, employees, servants, and agents for any loss of funds or any other damages resulting from the cancellation or recall of any school-sponsored field trip.

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

HEALTH SERVICES DEPARTMENT SPORTS CANDIDATE MEDICAL QUESTIONNAIRE

TO BE COMPLETED BY PARENT/GUARDIAN

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Home Room \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City or Town \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Tel ( ) \_\_\_\_\_ - \_\_\_\_\_

Does your child have, or has your child had, a disease or condition that affects the function of eyes, ear, testicles, kidneys or lungs? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Has your child seen a doctor in the past two years? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Any illness, surgery, fractures, sprains, strains, joint or back injuries, bone dislocation, serious or otherwise? \_\_\_\_\_ Give dates \_\_\_\_\_

Under care for any medical condition? \_\_\_\_\_ If so, what? \_\_\_\_\_

Take any medications? \_\_\_\_\_ For what? \_\_\_\_\_  
*Name of Medication, dose, when taken*

Wear a brace or support? \_\_\_\_\_ For what? \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_  
*Type*

Has your child ever had any of the following? If so, please give dates:

Asthma and or Allergies _____	Blood Disorders _____
Fainting or loss consciousness _____	Mononucleosis _____
Heart Murmur/Heart Condition _____	Diabetes _____
Rheumatic Fever _____	Pneumonia _____
Kidney Disease or Injury _____	Hepatitis _____
Heat Stroke/Heat Exhaustion _____	Bronchitis _____
Mental Emotional Problems _____	Tumors _____
Serious Dental Problems _____	Hernia _____
Seizure/Convulsions _____	Chest Pains _____
Menstrual Problems _____	Paralysis _____
<b>Head Injury/Concussion</b> _____	Other _____

- Concussion: Y N If yes, How many? \_\_\_\_ How bad?: Mild 2 weeks or less \_\_\_\_ Moderate 2+ weeks \_\_\_\_ Severe season ending \_\_\_\_

List all allergies: \_\_\_\_\_

Do the allergies listed require the use of an EPI PEN? YES or NO (*Circle one*). If yes, please bring a pen to the Athletic Trainer for the medical kit so that it will be available at all practices and games.

Further comments? Please attach extra comments to this form

Complete reverse side

# Melrose High School Medical History and Consent Form

This is a legal document and must be printed and completed in ink.

Please turn this form into the athletic office.

This form **must** be completed **yearly** and is required for interscholastic athletic participation. **A current physical must accompany this form to be eligible to participate.** If the physical expires during the season, please send an updated copy to the **athletic office**.

The information on this form will be shared with the Athletic Trainer, Coaches and EMT's and is necessary to ensure proper medical treatment in the event of an emergency.

WINTER SPORT: \_\_\_\_\_

Student-athlete's name: \_\_\_\_\_ M \_\_\_ F \_\_\_ YOG \_\_\_\_\_ DOB \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Phone Number \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION:**

Mother's name: \_\_\_\_\_

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Father's name: \_\_\_\_\_

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Home phone #: ( ) \_\_\_\_\_ Work phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

I will inform the athletic trainer/coach if I have any signs and/or symptoms of a concussion. I will not participate in activity as long as I have symptoms of a concussion.

I hereby give my permission for my child to participate in the above listed sport(s). In the event of an injury to my child/ward, while participating as a member of an interscholastic athletic program at Melrose High School. I hereby grant permission to the Athletic Trainer and/or member of the coaching staff, in my absence, to authorize medical treatment, in the event of an emergency, by a licensed physician.

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

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Both signatures are required by Massachusetts General Law**

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