

**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD**  
**PARENTAL CONSENT FORM FOR INTERSCHOLASTIC ATHLETICS**  
**PHYSICAL EDUCATION AND ATHLETIC DEPARTMENT**

**SCHOOL:**

**This form is required of any student who wishes to participate in interscholastic sports, prior to his/her first practice or game, for each sport he/she plays.**

**PARENT**

I believe that my son/daughter \_\_\_\_\_ is in good general health and does not or has not suffered from any diseases or disability which would limit or prevent him/her from being able to undertake the training and competition of interscholastic sports.

I give my son/daughter permission to participate in: \_\_\_\_\_  
Name of Sport

Parental Signature _____	Date _____
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**STUDENT**

STUDENT SIGNATURE _____	FAMILY DOCTOR _____
ADDRESS _____ _____	ADDRESS _____ _____
PHONE _____	PHONE _____
HEALTH CARD NUMBER _____	MEDICAL ALLERGIES _____
ALTERNATE PHONE CALLS IN CASE OF ACCIDENT _____	

**PLEASE NOTE**

1. We strongly recommend that your son or daughter undergo an **annual medical examination** prior to participating in Physical Education and/or interscholastic athletics.
2. We strongly recommend that you investigate an Accident Policy which covers such possibilities as dental injuries.
3. Transportation to and from games and practices is the responsibility of the student or parents, although it may be arranged by the school on certain occasions.

*Original kept in Documentation file in OSR*