



GREECE CENTRAL SCHOOL DISTRICT

ADDRESS: 750 Maiden Lane, Rochester, NY 14615

MAILING ADDRESS: P.O. Box 300, N. Greece, NY 14515

TELEPHONE: 585.966.2255

WEB ADDRESS: www.greece.k12.ny.us

Complete and return to school

STUDENT LEARNING IS THE GOAL

Athletic Permission and Medical Recertification

Student Name, Sport, Grade, School, Date of Birth, Sex, Parent Name, Home Phone, Work Phone, Address, Emergency Contact, Physician's Name, Dentist's Name, Insurance Carrier, Date of Physical Exam

Prior to the start of tryout practice sessions at the beginning of each season, a health history review for each athlete must be conducted.

All "YES" answers must be explained (box on bottom right)

30 numbered questions with Y/N checkboxes regarding medical history, injuries, and athletic participation.

Explain "yes" answers here (identify each answer with the question number)

Parent/Guardian - Please Read Carefully and Sign

I have carefully read and understand the questions. To the best of my knowledge there is no existing condition that should exclude my son/daughter from athletic participation.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Date of last physical exam, Signature of School Physician or Nurse, This certificate is void if pupil is absent for five or more consecutive days...