



## Holy Child Academy

Dear Parent/Guardian:

Your son/daughter wishes to participate in Interscholastic Athletics. NYS law requires that participants have parental permission, provide medical history, receive annual physical examinations by their doctor, and supply evidence of up to date immunizations.

This form must be completed and returned to the School's Athletic Director before your child can participate in any interscholastic activities.

### Certificate of Health

To be completed by parent/guardian

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M/F  
PLEASE PRINT LAST FIRST

Parent/Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

In the event of an emergency, please call:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Parental Permission

I hereby give my daughter/son \_\_\_\_\_ permission to participate in interscholastic athletics for the 202 /202 school year. I acknowledge that there are risks involved in sports activities.

Date: \_\_\_\_\_

Parent Signature

Date: \_\_\_\_\_

Student Signature

According to our records, we are missing the following:

Parental permission      Medical History      Annual physical exam      Immunization record

Required forms have been attached and highlighted for necessary information. Please return all documents to the nurse's office as soon as possible.

As of: \_\_\_\_/\_\_\_\_/202\_\_\_\_, your child will not be permitted to attend/participate in sports.

Thank you, The Holy Child Academy Nursing Staff

cc: Art Viscusi  
Mike Faherty