

Gilford High School Athletic Permission Slip

Dear Parent(s) or Guardian(s):

Your child is a candidate for the _____ team and may be representing Gilford High School in regularly scheduled games or meets this athletic season.

It is important that you read the GHS student handbook. If you have any questions, please contact the individual coach or the Athletic Director. Be sure that both **you and your child** have signed the permission slip below and it is promptly returned to the coach.

Accident Insurance

Inasmuch the possibility of injury exists in athletics, your student athlete **MUST** be covered by accident insurance before s/he may participate. Listed below are several types of insurance that have provided adequate coverage in the event of an injury.. Please obtain coverage for your child from one of the following:

- A. Blue Cross/Harvard Pilgrim/Matthew Thornton
- B. Accident insurance with a major company
- C. Parents own (self insured) coverage
- D. School Insurance LeFebvre Insurance
850 Franklin St Wrentham MA 02093
1-800-451-9668
www.lefebvreinsurance.com

My child is covered by _____ Insurance.

_____ has my permission to participate in _____

I have read the GHS student handbook carefully and understand the eligibility and training rules. **All athletes will participate in ImPact testing prior to participation in athletics and as indicated after an injury. This is a baseline computer based test that will be used as PART of the return to play process. For more information www.impacttest.com or contact Meg Jenkins MS, BSN, RN High School Nurse at mjenkins@sau73.org or 524-7146 ext. 233**

I have also read the attached concussion information and agree to the reporting of any head injury (home, practice or game) as well as the return to play process. Please keep this information for your records.

In the event of an emergency please contact:

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

Please supply any additional medical information the coach or the school should be made aware of in the event of injury or illness: Asthma/Inhaler; Allergy/Epi-Pen, Medication Allergy, Recent Head injury or diagnosis of Mononucleosis.

- 1) I *agree* to allow my child's **participation in athletics**
- 2) I *acknowledge* receiving **concussion information**. **(Please keep the attached information for reference).**
- 3) I *understand* the **return to play process**.

Player Signature _____ Parent/Guardian Signature _____

Date _____