

**FOR NURSES USE ONLY:**

Health History: \_\_\_\_\_

Physical: \_\_\_\_\_

Nurses Approval: \_\_\_\_\_

**GUILDERLAND CENTRAL  
SCHOOL DISTRICT**

**DEPARTMENT OF ATHLETICS  
\*\* PLEASE NOT E A HISTORY FORM  
MUST BE FILLED OUT FOR EACH  
SPORT SEASON\*\***

**SPORT:** \_\_\_\_\_

**SEASON:** F W S (circle one)

**LEVEL:** Mod Frosh JV V (circle one)

**PARENT CONSENT, ELIGIBILITY AND EMERGENCY INFORMATION**

**PARENT/GUARDIAN:** In accordance with the rules and regulations of the Guilderland Central School District and the New York State Education Department, I hereby give consent for:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ School Attended Last Year: \_\_\_\_\_ Sex M F (circle one)

Town/Zip Code: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade: \_\_\_\_\_

**EMERGENCY INFORMATION:** *Please provide all of the following information:*

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Home Phone#: \_\_\_\_\_

Parent/Guardian Business Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_