

MADISON PUBLIC SCHOOLS

R. H. BROWN INTERMEDIATE SCHOOL ATHLETICS

CONSENT/REGISTRATION/PAYMENT FORM

DATE: ____/____/____

GRADE: _____

STUDENT NAME: _____ **HOMEROOM:** _____

SPORT: _____

PARENT / GUARDIAN NAME: (please print) _____

PARENT / GUARDIAN SIGNATURE _____

CHECK # _____ **AMOUNT:** _____

The athletic registration fee of \$50.00 should be submitted with this form by check made payable to Brown Intermediate School. Please make note of the student's first and last name, and sport in the memo section. The emergency information form must also accompany this registration.
(If you would like to request a waiver of fees due to financial hardship, please complete the Confidential Waiver Form, found on our website.)

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FOR OFFICE USE ONLY

Physical will expire before the end of the season ____ **Yes** ____ **No**

MADISON PUBLIC SCHOOLS – EMERGENCY INFORMATION School Year _____**STUDENT INFORMATION**

School: _____ Grade: _____

Student: _____ Birth date: _____ Gender: _____

Address: _____

Phone: _____ Student Cell Phone: _____

Please attach documentation regarding unique circumstances concerning legal guardianship of the above named student.

SPORT: _____**EMERGENCY CONTACT INFORMATION**

The individuals below have authorization to pick up my child and can be reached during school hours at the numbers listed.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Contact Comments: _____

Is your child covered by health insurance? Yes _____ No _____ Required by CT Public Act 07-04, Section 19**EMERGENCY & HEALTH INFORMATION**

In case of serious accident or illness at school, your child will be sent to an emergency medical facility.

The parent(s)/guardian(s) is (are) responsible for all expenses

Doctor/Phone _____ Dentist/Phone _____

Health Insurance Carrier: _____ Policy # _____

Health Insurance Carrier: _____ Policy # _____

Allergy/Medical Issues: _____

Health Comments: _____

Emergency Comments: _____

PARENT/GUARDIAN INFORMATIONRelationship: **MOTHER**

Name: _____ Legal Guardian: YES _____ NO _____

Home Address: _____ Resides with: _____

City, State, Zip: _____ Home phone: _____

Employer: _____ Work phone: _____

City, State, Zip: _____ Alt. phone: _____

MOTHER/Guardian E-mail Address: _____

COMMENTS: _____

PARENT/GUARDIAN INFORMATIONRelationship: **FATHER**

Name: _____ Legal Guardian: YES _____ NO _____

Home Address: _____ Resides with: _____

City, State, Zip: _____ Home phone: _____

Employer: _____ Work phone: _____

FATHER/Guardian E-mail Address: _____

COMMENTS: _____

In the event of a serious medical emergency of accident, I authorize school personnel to have my child treated by a readily available physician and / or hospital. Parent / Guardian will notify the school of any changes in medical information.

Parent Signature _____ Date: _____ Parent Signature _____ Date: _____

EMERGENCY MEDICAL DATA – please place an “x” if any of the following apply:

Diabetes: _____ Epilepsy/Seizure: _____ Asthma: _____ Glasses/Contacts: _____

Other Health Concerns: _____

Current Medications: _____

Allergies: _____

SIBLINGS:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

AUTHORIZATION TO ADMINISTER NON-ASPIRIN DURING THE SCHOOL DAY
(if medications are needed after school, please contact the nurse)

_____ I hereby authorize the School Nurse to administer non-aspirin medications to my child _____.

_____ I do not give permission to the School Nurse to administer non-aspirin to my child _____.

Date: _____ Parent / Guardian Signature: _____