

**OUR LADY OF MERCY HIGH SCHOOL
ATHLETIC PROGRAM PERMISSION SLIP AND MEDICAL RECERTIFICATION**

(Please print and make sure **ALL** copies are legible)

Valid only if turned in and signed within **30 days** before the start of sports season.

Sport: _____

Level: _____

Section I- STUDENT INFORMATION

Student: _____ Grade: _____ Birthdate: _____ Age: _____
 Parent/Guardian: _____ Home Phone: _____ Cell# _____
 Address: _____ Work Phone: (M) _____ (F) _____
 City: _____ Zip _____ Emergency Contact _____
 Physician: _____ Physician's #: _____
 Dentist: _____ Dentist #: _____
 Preferred Hospital: _____ Did you attend Mercy last year? _____
 Insurance Carrier _____ Policy # _____

SECTION II- HEALTH HISTORY (Since last health history was completed)

	Yes	No	Date
Allergies			
Do you carry an Epi-Pen?			
Do you carry an inhaler?			
Concussion/Head Injury			
Injury which requires medical attention			
Recent Illness lasting longer than one week			
Loss of eye/kidney			
Currently taking medications			
Diabetes/Hypoglycemia			
Heart/Blood Pressure			
Heat Exhaustion or Stroke			
Hearing Impaired			
Bleeding Tendencies/Anemia			
Recent Surgery and/ or hospitalization			
Kidney/Liver Disease			
Contact Lenses			
Is there any medical condition that may be aggravated by playing sports?			

SECTION III (PART A)- PARENT PERMISSION & STUDENT AGREEMENT (SEE REVERSE SIDE)

Our signatures indicate:

- ❖ Permission to try out for and participate in interscholastic athletics
- ❖ That we have read, understand and agree to follow the Student Athletic Code of Conduct, Drug Policy and Academic Eligibility Policy
- ❖ Permission for emergency treatment by a physician: YES NO

Parent: I have read and understand the above. To the best of my knowledge, there is no existing condition that should exclude my daughter from athletic participation. My signature below constitutes my permission for my child to participate in the above named sport. We are aware and accept the possibility of serious injury inherent in athletic participation. I understand that the school does not assume responsibility for lost or broken corrective lenses or orthodontic devices. In the event of an emergency, and I cannot be reached, my signature below constitutes my permission for my child to receive medical evaluation and necessary treatment to ensure her health and safety. Such treatment may come from my child's physician or an emergency room physician in the event our family physician cannot be contacted.

Parent Signature _____ Student Signature _____ Date _____

***** The NYSPHSAA states that a student cannot participate in athletics without the approval of the school medical officer. Physicals are valid for 12 continuous months. A health history update (recertification) is required at the start of each season. If an injury has taken place; or if the student has a prolonged absence (5 consecutive days) due to an illness, the student must have a release from a physician.

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Athletic Code of Conduct- Our Lady of Mercy High School

Athletic participation is a privilege that carries with it responsibilities to the school, to the team and to the community. When an athlete accepts this privilege, "he must also live up to a code of conduct beyond that of the general student body, on and off school grounds, during the season and the off- season,

The athlete's code of conduct is that of good citizenship and sportsmanship, This means that athletes will live by the laws of the city and state and follow the rules and policies of Our Lady of Mercy High School. Some examples of inappropriate behavior would include: truancy. excessive absence from school, fighting, insubordination, out of uniform and lack of cooperation with school personnel.

The consequence for breaking this code of conduct can range from a one game suspension to removal from the athletic program based on the nature level of severity and the frequency of the misconduct.

Student Responsibilities

- 1) Class Attendance -every student athlete must attend classes regularly and on time.
- 2) School arrival -All student athletes must be in attendance by 8:45 am OJ1 the day of practice or contest unless otherwise legally excused.
- 3) School Uniform -student athletes must be in the appropriate school uniform to be eligible for practices and games

.Academic Eligibility

The following standards have been set for academic eligibility:

∴ Any student athlete receiving below a 65 on an interim report will be suspended . from games all d praLices for one school cycle (A-F days).

∴ Any student athlete that receives below a 65 on a quarter report card will be suspended from games and practices for one school cycle (A-F days).

∴ During the suspension the student athlete may not suit up or sit on the bench during game times and practices.

∴ The suspension will be carried over weekends and holidays if necessary.

∴ During the suspension the student will meet with the Athletic Director and teacher to discuss options for academic success. If no improvement is gained, the student athlete will be suspended until improvement is shown.

∴ The student athlete must be passing all courses (65 and above) in order to tryout for a sport.

∴ Suspension will begin when the Athletic Director receives the probationary list,

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