Athletics Department
South Carolina Governor's School for Science and Mathematics
Parent’s Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) ________________________________

As the parent or legal guardian of the above named student athlete, I give permission for his/her participation in athletic events and physical evaluation during participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment as deemed necessary for a condition that arises during participation in athletic events, including medical or surgical treatment that is recommended by a medical doctor. (You will be consulted as soon as possible if an incident occurs.)

I grant permission to nurses, athletic trainers, and coaches as well as physicians or those under their direction who are part of athletic injury, prevention, and treatment to have access to necessary medical information. I understand the risk of injury that may occur to my child through participation in athletics and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My signature below indicates that I grant permission for my child to play sports as a part of the school’s athletic program and that all information provided related to this purpose is complete and correct.

Signature of Student Athlete ___________________________ Date ____________

Signature of Parent/Guardian __________________________ Date ____________