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## PRE-PARTICIPATION PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
  2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
  3. SIGNATURES
    - The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
    - The parent/guardian signatures must be hand-written and dated.
    - The student-athlete signature must be hand-written and dated.
  4. DISTRIBUTION
    - History Form retained by Physician/Healthcare Provider
    - Examination Form and Consent and Release Form signed and returned to member school.
    - PPE's should be held to HIPPA standards; however school medical personnel and coaches should be aware of any rescue medications or conditions relevant to the student.
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# PREPARTICIPATION PHYSICAL HISTORY FORM

Students should complete and sign this form (with your parents if younger than 18) before your appointment. *History Form is retained by member school and health care provider.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex at birth (Female or Male): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). \_\_\_\_\_

Are your required vaccinations current? \_\_\_\_\_

- |    |  |                     |
|----|--|---------------------|
|    |  | <b>(CIRCLE ONE)</b> |
| 1. | Do you feel stressed out or under a lot of pressure?   | YES NO              |
| 2. | Do you ever feel sad, hopeless, depressed, or anxious?   | YES NO              |
| 3. | Do you feel safe at your home or residence?  | YES NO              |
| 4. | Have you ever tried cigarettes, chewing tobacco, snuff, or dip?                                  | YES NO              |
| 5. | During the last 30 days, did you use chewing tobacco, snuff, or dip?                             | YES NO              |
| 6. | Have you ever taken anabolic steroids or use any other appearance/performance supplement?        | YES NO              |
| 7. | Have you ever taken any supplements to help you gain or lose weight or improve your performance? | YES NO              |

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				10. Have you ever had a seizure?			
3. Do you have any ongoing medical issues or recent illness?				HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
4. Have you ever passed out or nearly passed out during or after exercise?				12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?							
7. Has a doctor ever told you that you have any heart problems?							
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.							

# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

## PHYSICAL EXAMINATION

(Physical examination must be performed on or after May 1 for the following school year.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Name: \_\_\_\_\_

EXAMINATION					
Height	Weight	Sex at Birth: Male		Female	
BP / ( / )	Pulse	Vision R 20/	L 20/	Corrected? Y N	
MEDICAL				NORMAL	ABNORMAL FINDINGS
Appearance					
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span height, hyperlaxity, myopia, MVP, aortic insufficiency)					
Eyes/ears/nose/throat					
Pupils equal					
Hearing					
Lymph nodes					
Heart					
Murmurs (auscultation standing, supine, +/- Valsalva)					
Location of point of maximal impulse (PMI)					
Pulses					
Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Skin					
HSV, lesions suggestive of MRSA, tinea corporis					
Neurologic					
MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			Duck-walk, single leg hop		
Hip/thigh					

Cleared for all sports without restriction     Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared     Pending further evaluation     For any activities  
Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the activities outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_

# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION



UPDATED APRIL 20

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## PARENT/GUARDIAN CONSENT FORM

*(To be retained by member school with history and parent consent forms)*

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate in/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

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# CANEY VALLEY SCHOOL

P.O. Box 410 • Ramona, Oklahoma 74061 • (918) 536-2500

Dear Parent or Guardian,

"No student shall be eligible to represent his/her school in athletics until there is on file with the principal a physical examination and parental consent certificate. The form used shall contain the information on the standard OSSAA form. Other forms may be utilized, by the physician, physician's assistant, or the advanced practice nurse, if the information contained is compliant with the information on the OSSAA form. Any other information, depicting the athlete's previous history, can be added to this form for the purpose of clearance for athletic participation. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations. If you have questions concerning the qualifications or the insurance coverage of a healthcare practitioner offering to give examinations, it is suggested that you check with your school district attorney for an opinion. Physical examinations are required for students each year. All physicals given for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular sport. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation." (O.S.A.A. Rule 1, Section 2)

Also, the school system is NOT financially responsible for the cost of any accidental injury occurring as a result of participation in school athletics or during other school activities.

A special accident insurance policy is made available should you wish to purchase it. The insurance policy is offered for your convenience. Neither the school nor any school official is compensated in any way by the insurance company.

This insurance will help to pay for charges received due to treatment in a doctor's office, emergency room, or hospital. Chiropractors and dentists also qualify for specified benefits.

If you are interested in school insurance, contact a school administrator. If you have no insurance, this should be seriously considered.

\_\_\_\_\_ We have adequate health insurance. Name of policy \_\_\_\_\_

\_\_\_\_\_ Policy No. \_\_\_\_\_

\_\_\_\_\_ We wish to purchase the accident insurance policy

\_\_\_\_\_ We realize the school is not financially responsible for the cost of any accidental injury occurring as a result of athletics, but prefer not to participate in any insurance protection plan at this time.

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT  
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA

§  
§  
§

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of \_\_\_\_\_, who is enrolled as a student at \_\_\_\_\_ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that \_\_\_\_\_ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT  
FOR STUDENTS 18 AND OLDER**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA                   §  
  §  
COUNTY OF \_\_\_\_\_           §

I, \_\_\_\_\_, the undersigned person, being first duly sworn, on oath, state that I am of legal age.  
I am enrolled as a student at \_\_\_\_\_ School, and I intend to compete on a school athletic team during the upcoming school year.  
I acknowledge that \_\_\_\_\_ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature



# Concussion and Head Injury Acknowledgement

\_\_\_\_\_  
(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by \_\_\_\_\_ related to potential concussions and head injuries occurring during participation in athletics.

(NAME OF SCHOOL)

I, \_\_\_\_\_, as a student-athlete who participates in  
(PLEASE PRINT STUDENT ATHLETE'S NAME)

\_\_\_\_\_ athletics and I, \_\_\_\_\_  
(NAME OF SCHOOL) (PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by  
\_\_\_\_\_ related to concussions and head injuries occurring  
(NAME OF SCHOOL)

during participation in athletic programs and understand the content and warnings.

\_\_\_\_\_  
SIGNATURE OF STUDENT-ATHLETE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.**

## Sudden Cardiac Arrest Acknowledgement Statement

\_\_\_\_\_  
(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

*This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*



## HEADS UP

HEADS UP Home

# Concussion Signs and Symptoms

Children and teens who show or report one or more of the signs and symptoms listed below, or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body, may have a concussion or more serious brain injury.

### Concussion Signs Observed

- Can’t recall events *prior to or after* a hit or fall.
- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.

### Concussion Symptoms Reported

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down”.

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes your child or teen might be a little confused or a bit dazed, but an hour later your child might not be able to remember how he or she got hurt.

You should continue to check for signs of concussion right after the injury and a few days after the injury. If your child or teen’s concussion signs or symptoms get worse, you should take him or her to the emergency department right away.

Video: Concussion Signs & Symptoms

Video: Molly’s Story

Learn More about Concussions and Brain Injury



## Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

### What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

### How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

### What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system**: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life**: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic**: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

### What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

### What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

## **When is a student athlete required to be removed from play?**

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

## **What is required for a student athlete to return to play?**

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

## **What are the current recommendations for screening student athletes?**

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

## **What is the treatment for Sudden Cardiac Arrest?**

- **RECOGNIZE Sudden Cardiac Arrest**
  - Collapsed and unresponsive
  - Abnormal breathing
  - Seizure-like activity
- **CALL 9-1-1**
  - Call for help and for an AED
- **CPR**
  - Begin chest compressions
  - Push hard/fast (100/min)
- **AED**
  - Use an AED as soon as possible
- **CONTINUE CARE**
  - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,  
begin CPR, and use an AED as soon as possible!***

# Sports Physical at School Parent Consent Form

I, \_\_\_\_\_, parent or legal guardian of  
*(parent or legal guardian)*

\_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_,  
*(student athlete name)* *(student athlete's date of birth)*

do hereby authorize a sports/school physical on May 8, 2024. at Caney Valley School in Washington county Oklahoma.

Cost of the physical is \$10 payable at the time of the physical. Insurance will not be accepted.

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify that I am the parent or legal guardian for this athlete/minor. I understand the information above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Day Contact Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parent/Guardian Cell Number