Valley Central School District Athletic Participation Form

Parent Guardian Name: Relationship. Relationship. Mod. Fresh. V. Varsity_Fall Sport. Spring Sport. Varsity_Fall Sport. Medical History Varsity_Fall Sport. Medical History Varsity_Fall Sport. Medical History Varsity_Fall Sport. Medical History Varsity_Fall Sport. Varsity_Fall Sport. Medical History Varsity_Fall Sport. Varsity_Fall Sport. Varsity_Fall Sport. Medical History Varsity_Fall Sport. Varsity_Fall	Student's Name:			Grade:	DOB:		Gender:			
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School Nurse's signature: Date signed: Revised 9/15	Emergency Care Plan Obtained Emergency Medication is on site: Inhaler, E	Epi-Pe	en,	Glucagon, Oth	er:					
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