HIGH RISK SPORTS MEDICAL AUTHORIZATION

PLEASE SIGN AND FORWARD TO YOUR INDIVIDUAL HEALTH PROVIDER. MUST BE ON FILE TO BEGIN HIGH RISK ATHLETICS.

Dear Medical Provider,

As you know, Governor Cuomo has stated that “high risk” sports may begin play as of February 1, 2021, pending the approval of local Department of Health guidelines. The Albany County Health Department has stated that our athletes need permission from their own medical providers in order to join their team and compete.

As a result, I am requesting permission for my son/daughter _________________________________ to participate in the interscholastic sport of _________________________________ at Berne-Knox-Westerlo CSD during the 2021 season. The guidelines do not require that you physically see them in person; although that is certainly your prerogative should you choose to do so.

I request that you sign below indicating your consent. To expedite this process, I am requesting that you fax or email the permission form to:

Thomas Galvin, Director of Athletics
Tom.Galvin@bkwschools.org
518-872-1482
Fax: (518) 872-2083

If you have any questions please contact Tom or HS nurse Alicia Lounsbury (Alicia.Lounsbury@BKWschools.org, 518-872-1482).

Parent/Guardian Signature: ____________________________________________

Medical Provider Name: ______________________________________________

Medical Provider Signature: __________________________________________

Phone: ________________________________

Date: ________________________________

District Mission Statement:
The B-K-W CSD will provide an environment that fosters the creative, emotional, intellectual, and physical well-being of each student in order to enable a mastery of the curriculum and a life-long learning capability to meet the challenges of the future.