



Health Services
725 Harrison Street
Syracuse, New York 13210
Richard P. Kulak, D.O., FAAFP, Medical Director
M. Cheryl Vitaletti, Supervisor
Ph. (315) 435-4145
Fax (315) 435-4859

WAIVER OF RESPONSIBILITY AND INFORMED CONSENT STATEMENT

We, _____ the parent(s) or guardian(s) of _____ are aware of the physical defect of our son/daughter.

Nature of defect: _____

It is understood that the Office of Health, Pupil and Non-Public School Services of the State Education Department recommends that individuals with this type of defect not participate in interscholastic collision or contact sports, because if injury were to occur, serious lifelong impairment may occur.

Our physician, Dr. _____, has explained the physical defect to us, the potential for increased risks of injury because of this defect, and any specific special or preventative measures or devices needed to protect the student.

My understanding of the potential increased risk is _____

Considering the desire of the child to participate, and the fact that he/she participates in athletic activities within and outside the school, we would like him/her to participate in interscholastic sports.

Name of sport: _____

We understand that we are responsible for providing any special devices needed to protect the student, unless already provided for in the student's IEP.

We understand that participation must be approved by the Director of Health Services and may be revoked at any time. We agree to discuss this personally with the Medical Director prior to his/her participation.

Understanding the risks involved, we do not hold the Syracuse School District responsible, should injury occur.

Parent or Guardian _____

Child _____ Date of Birth _____

Notary Public _____ Date _____

Date _____ *Approved* _____ *Disapproved* _____
Director of School Health Services