



Chimacum High School
Athletic Department

(360) 302-5900

Date: _____

To: _____, School Health Consultant

From: _____

Sport: _____

Coach: _____ Contact #: _____

Attached is a team roster of student athletes that are participating in the sport noted above.

Please review the attached list for any students that you have knowledge of having a serious health or life threatening condition. If there are students on the list, please meet with the coach listed above to review proper procedures in working with this student.

I have met with the coach listed above and reviewed protocols and procedures for students noted on attached form:

Signature of School Health Consultant

Date

Signature of Coach

Date

There are no students on the attached roster that I have knowledge of having a serious or life threatening health condition.

Signature of School Health Consultant

Date

*******Please return to school office to keep on file*******
(Student roster must be attached to completed form)