

Appendix 406-A

Health & Fitness Parental Consent Form/Sports/Extra-Curricular Activities

Student's Name: _____

Address: _____

City: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female Grade: _____

- I hereby certify that I am the parent/legal guardian of the Student named above, and that, to the best of my knowledge, he/she is physically fit to participate in all sporting events and School-related activities scheduled through _____.
- It is understood that by signing this contract, I agree to abide by the rules and regulations of the School's fitness and extra-curricular programs. It is also understood that signing this contract releases from liability, the School and fitness instructors from any injuries sustained during my Student's participation in all sporting events, practices, or extra-curricular activities.
- Insurance: It is the responsibility of each parent/legal guardian to adequately cover a child participating in any sporting event or extra-curricular event with proper insurance.

Warning

I am aware that playing or practicing to play/participate in any sport, dance, or any other extra-curricular activity can be a dangerous activity involving risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in sports, plays, dance, or other extra-curricular activities include, but are not limited to: death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and injury or impairment to other aspects of the body, general health, and well-being, and may result not only in serious injury, but in impairment of my child's future abilities to earn a living, to engage in other business, social, and recreational activities and generally enjoy his/her life.

Limitations

Please list below any illness, injury, or medical condition that would limit your child's participation in the extra-curricular or fitness program in any way. Please note "None" if your child does not have limitations.

****If your child has asthma but will be participating in the fitness or extra-curricular programs, he/she MUST bring his/her inhaler each day. You MUST fill out medication forms for inhalers to be permitted in fitness classes and in School. (See Policy 403 Use of Inhaler/Epinephrine Autoinjector).**

By signing below, I acknowledge that I have read and understand the criteria for extra-curricular events and fitness classes, and that all items listed above are correct. If my child uses an inhaler, I will seek the appropriate forms from the School office.

Parent/Guardian

Date:

Signature: _____

ORIGINAL MUST GO TO THE SCHOOL OFFICE. COPIES WILL NOT BE ACCEPTED.

Appendix 406-B

Emergency Medical Authorization Form

Student Name: _____ Home Room: _____

Address: _____ Phone: _____

Purpose – To enable parent(s)/guardian(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent(s) or guardian(s) cannot be reached.

Residential Parent(s)/Guardian(s):

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Childcare Provider: _____ Relationship: _____

Address: _____ Daytime Phone: _____

PART I – TO GRANT CONSENT (PART I OR PART II MUST BE COMPLETED)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone: _____

Dentist _____ Phone: _____

Med. Specialist _____ Phone: _____

Local Hospital _____ ER Phone: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above-named doctor; or, in the event the designated practitioner is not available, by another licensed physician or dentist, concurring in the necessity for transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

PART II – REFUSAL TO CONSENT (DO NOT COMPLETE IF COMPLETED PART I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ Date: _____

Address: _____