MEDICAL CONSENT FORM SIDNEY PUBLIC SCHOOLS

The purpose of this form is to enable parents and guardians to authorize the provision for emergency treatment for students who become ill or injured while under school authority, when parents or guardians cannot be reached.

STUDENT NAME:		
GRADE:	AGE:	GENDER:
PARENT/GUARDIAN NAMES:		
ADDRESS:		
HOME/CELL PHONE:		
KNOWN ALLERGIES:		
PERTINENT MEDICAL INFORMATION:		

INFORMED CONSENT, ACKNOWLEDGEMENT OF RISK, <u>& INSURANCE VERIFICATION</u>

I/We hereby certify that I/we have read the activities participation information and the warning about the risks of injury inherent in activities and sports. I/We hereby give our permission for my/our son/daughter to engage in approved activities as a representative of the school, except in those activities indicated by a licensed professional on the physical examination form, and realize the potential for injury in all activities and sports. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment, and strict observance of rules, injuries are still possible. On rare occasions, these injuries can be severe and may result in total disability, paralysis, quadriplegia, or even death. Because of these dangers, I/we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, and I/we agree to obey such instructions. I/we also understand that in extenuating situations it may be necessary for parents/guardians to provide transportation to some events and/or practices. In these isolated situations and with pre-approval of the student. I/We understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or

unforeseen circumstances.

PARENTS NOTIFICATION OF THEIR OWN INSURANCE COVERAGE

The School District DOES NOT provide medical insurance benefits for students who choose to participate in activities programs. I understand I will be responsible for any medical costs associated with the student's participation. **Parents must check the appropriate option below.**

Option One

I have personal medical insurance to cover the student's participation: INSURANCE (Company Name) _____ Policy # if known _____

Option Two

I do not have personal medical insurance to cover the student's participation and **understand** that I/we may request information from the school district regarding medical insurance for students.

ACKNOWLEDGEMENT OF MEDICAL CONSENT

I/We hereby certify that I/we have read and completed the Medical Consent Form which will be kept on file at your school. This form will allow emergency treatment of your student in the event that you cannot be contacted.

ACKNOWLEDGEMENT OF ACTIVITY ELIGIBILITY

I/We hereby certify that I/we have read the MHSA activity eligibility information, the activity eligibility policy and the SPS board policy and regulations. I/We also agree to abide by all rules and regulations contained in the Student Handbook.

STUDENT AND PARENT OR LEGAL GUARDIANS MUST SIGN

this form and all other forms prior to their son/daughter participating in their first practice.

(Student Signature)

DATE

(Parent Signature)

DATE

STUDENT PRINT

PARENT PRINT