

Emergency Treatment/Parental Permission

PLEASE PRINT LEGIBLY IN PEN

By its nature, participation in interscholastic athletics carries the risk of injury that may range in severity from minor to permanent disability or even death. Although serious injuries are not common in supervised athletic programs it is not possible to entirely eliminate the risk. Participants have the responsibility, along with program supervisors, to reduce the chances of injury by practicing safety rules, reporting problems to coaches in charge, following a proper conditioning regimen and checking their equipment daily. By signing this permission form, I acknowledge that I have read the information on it.

In the absence of either parents (or legal guardians) I give permission to render emergency/supportive medical care to the listed dependent whenever necessary. I direct you to contact the emergency room physician-on-call at the nearest hospital. You may also summon appropriate specialists indicated by medical needs of the listed dependent.

DEPENDENT NAME (First and Last) _____

BIRTHDATE _____ EMERGENCY CONTACT PHONE #(s) _____

SPORT(S) _____ SCHOOL YEAR: _____

SPECIAL MEDICAL CONCERNS THE STAFF SHOULD BE AWARE OF:

___ Heart ___ Blood Condition ___ Bee Sting ___ Seizures ___ Asthma ___ Diabetes ___ Hearing ___ Other (please list)

Has your child been treated for a concussion? ___ yes ___ no if yes , please list year _____

ATHLETE & PARENT PLEDGES

ATHLETE:

I AGREE TO FOLLOW ALL THE REGULATIONS INCLUDED IN THE ATHLETIC HANDBOOKS, THE STUDENT HANDBOOKS, AND ANY OTHER REGULATIONS ESTABLISHED BY COACHES OF THE SPORT(S) IN WHICH I PARTICIPATE. I AGREE TO PAY FOR ANY EQUIPMENT THAT MY BE LOST OR DAMAGED BEYOND NORMAL USE. I AGREE TO ACCEPT RESPONSIBILITY FOR ALL EQUIPMENT ISSUED TO ME, WILL LIMIT ITS USE TO PRACTICES AND CONTESTS ONLY AND WILL TURN IT IN (WASHED) IN A TIMELY MANNER AS INDICATED BY THE COACH AFTER MY LAST CONTEST.

PARENTS:

After reading and being informed of the polices of the North Fond du Lac athletic program and the rules established for specific sports, I give consent for my son/daughter.

- To represent his/her school in approved athletic programs except as restricted by medical personnel.
- To accompany and return as part of any team he/she is a member of for local or out-of -town events.
- To receive emergency treatment, if necessary, in our absence as indicated above.

ATHLETE SIGNATURE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

PARENT EMAIL (Please print legibly) _____

DATE SIGNED: _____