

Athletic Medical Information and Emergency Contact Information and Athletic Policies

Fenton Area Public Schools 2017-2018

(Parent and Student signature required on reverse side. A new form will need to be filled out prior to the start of each sport season.)

Student Name: _____ Student ID#: _____ Address/City: _____ Birth Date: _____ Grade: _____ Home Phone: _____	Sport and Level:
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PARENT and/or GUARDIAN CONTACTS: Please list emergency contacts in the order that you wish us to call. Please indicate the contact person's relationship to your child, i.e., mother, father, step-mother, step-father, guardian, grandparent, friend, neighbor, etc.

1	Name: _____ Relationship: _____ Lives with Student: YES <input type="checkbox"/> NO <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Authorized for Care: YES <input type="checkbox"/> NO <input type="checkbox"/> E-Mail: _____
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2	Name: _____ Relationship: _____ Lives with Student: YES <input type="checkbox"/> NO <input type="checkbox"/> Home Phone: _____ Work Phone: _____ Cell Phone: _____ Authorized for Care: YES <input type="checkbox"/> NO <input type="checkbox"/> E-Mail: _____
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Does your Student:

- Take over-the-counter or prescription **medications**? YES _____ NO _____
If YES, please list:

- Have **allergies** (food, environmental, medications, latex, etc.)? YES _____ NO _____
If YES, please list:

- Carry **emergency allergy medication** (epinephrine pen, glucagon, insect sting kit, etc.)? YES _____ NO _____
If YES, please make sure student carries with them for practices/contests (may provide coach with an extra)

- Carry an **asthma inhaler**: YES _____ NO _____
If YES, please make sure student carries with them for practices/contests (may provide coach with an extra)

PLEASE NOTE: This form does NOT authorize a student to possess/administer medication or for school personnel to distribute medication to a student. If it is necessary for your student to possess/administer his/her own medication or medication to be distributed by school personnel during the school day, the appropriate form(s) MUST be completed, signed, and on file in the Main Office.

A student's medication is not to be shared with another student.

OTHER: If any other medical conditions, medications or special medical instructions (be specific), please print them in the space below, attach additional sheet if necessary.

Insurance information: Students insurance is primary coverage. FAPS does NOT provide additional insurance.

Do you have current medical coverage for the above student: YES _____ NO _____
 If "YES" please complete below. *If "NO", please see item #4 on reverse side.*

Ins. Company: _____ **Type:** HMO _____ PPO _____ Traditional _____

Physician Name: _____ **Office Number:** _____

Hospital Preference (if possible) : _____

Should this information change during the season/year, please file an updated version in the Athletic Office as soon as possible.
Please print neatly and fill out completely.
Parent and Student Signatures REQUIRED on NEXT PAGE

Please READ carefully and SIGN below.
BOTH a Parent/Guardian and Student signature are required below.

Parents/Guardians and Students: By signing below, you agree and acknowledge the following:

1. The information submitted here in is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**
2. Further, in consideration of my/my child's participation in Michigan High School Athletic Association (MHSAA)-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; **that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.
3. I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has permission to accompany the team as a member on its out-of-town trips.
4. That my/my student's participation in extra-curricular athletics at Fenton Area Public Schools (FAPS) is voluntary and that the District DOES NOT provide medical insurance coverage for injuries or illness sustained by my student during activities related to extra curricular/athletic participation. I/we agree that I am/we are responsible for any cost incurred for medical treatment related to injury/illness sustained by me/my student not covered by my health insurance, or absence of valid health insurance coverage.
5. That as a result of athletic participation, medical treatment may be necessary (regular or emergency), and further recognize that school personnel may be unable to contact me for my consent for medical care. I/we do hereby consent in advance to such care, including hospital care, as may be deemed necessary under then existing circumstances and to assume the expenses of such care. The hospital, their agents, or a licensed physician may administer such medical treatment, as they deem necessary under the circumstances.
6. I/we are financially responsible for ALL equipment issued during the course of a season, regardless of loss, theft, or unnatural wear/tear; I/we are financially responsible for ALL equipment that is not returned upon immediate conclusion of the season. That cost will be determined by the current replacement cost for new equipment. ALL previous financial and equipment obligations are due prior to the start of another season of participation.
7. I/we acknowledge that FAPS Athletics has a Pay to Participate Program, which fees are due at the start of the competition season, and that my son/daughter's athletic participation obligates me to pay the required fee promptly. I/we also acknowledge that the fee paid does not guarantee playing time, control over any conditions of the team, and does not alter Fenton Board of Education Student Policies, MHSAA regulations, the District Athletic Policies, or individual team rules.
8. I/we may participate in the ImpACT Concussion Management software (for Fenton High School Athletics only). More information can be found on www.impacttest.com or by contacting the Athletic Training Room (810) 591-2629.
9. I/we will obey all safety rules, report all problems (injuries/illness) to my coach and the Certified Athletic Trainer, follow a proper conditioning program, and inspect my equipment daily (immediately reporting any inadequate equipment or defects).
10. I/we give permission for the medical staff, which includes the Certified Athletic Trainer and my student's treating provider/office, to discuss and obtain written information regarding their/my injuries/illnesses for the school year **2017-2018**. In order to ensure safe participation of Fenton student-athletes, FAPS requires parental or student (if age 18) permission to discuss and obtain necessary health information for medical situations/conditions of a student-athlete, when appropriate and necessary. Discussions (electronic, written, and verbal) are limited to the necessary coaches, administration, medical personnel, teachers, and/or other staff; and information is limited to the minimum necessary to ensure safe and appropriate medical care/treatment. Should I choose to not give consent, I will notify the Athletic Department in writing immediately and their (my) participation in athletics may be affected.
11. I/we acknowledge that a copy of the **2017-2018** Student Handbook which includes the athletic policies of FAPS is available on the FAPS website: www.fentonschools.org. I/we have read, understand, and agree to adhere firmly to these policies and the policies established by the Michigan High School Athletic Association (MHSAA) and Fenton Area Public Schools, such as those previously mentioned above as examples, but which do not represent all the policies to which I/we am subject.
12. A photocopy of this form shall be as valid as the original during the current school year.
13. Should any of the information provided on this document change during the school year, I will notify the Athletic Department as soon as possible.

Student Name: _____

Date of Birth: _____

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Student Signature // Date

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Parent/Guardian Signature // Date