

CALDWELL HIGH SCHOOL PARTICIPANT CONSENT/EMERGENCY FORM

Name _____ Birth Date _____ 2016 - 2017 Grade _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ 2nd Cell Phone _____



In an emergency, if parent/guardian cannot be contacted, notify:

(Name) _____ (Phone)

Family Physician _____ Phone _____

Insurance Company _____ Policy Number _____

Known Allergies (i.e. bees, penicillin) _____ Last Tetanus _____

Please list any/all Medical Conditions _____

The team physicians, trainer and coach may apply first aid treatment until the family doctor can be contacted. YES _____ NO _____

Your son/daughter has expressed a desire to participate in Caldwell School District Activities. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact or call your child's coach or school Athletic Director. Before the participant is allowed to practice, check out uniforms, you are required to read, sign and return the release and participation information document to the appropriate head coach.

- Each participant must have on file a current physical examination. Students must have a new physical their 9th and 11th grade years. Costs of the physical examination is the responsibility of the parent/guardian.
- Notice of risk: Student participant and the student's parent/legal guardian need to be aware that specific activities involve risk of injury when the participant practices, plays or participates in any sport. The activities can be dangerous. The student risks serious and permanent injury affecting their well being.
- Instructions given by the coach regarding playing techniques, training and team rules must be followed.
- The Caldwell School District is neither liable nor responsible for any medical, dental or hospital expenses occurring as a result of injuries sustained by a student while participating in a school activity sport. All injury related expenses shall be the responsibility of the student's parent/legal guardian.

Initial One: _____ I have insurance that will pay for medical expenses if my son or daughter, is injured while participating in a school sport.

_____ I do not have insurance for my son/daughter and understand that the school district is not responsible and will not pay any doctor, hospital, or medical expenses if my child is injured while participating in any school sport.

- Recognizing that as a result of activity participation, medical treatment on an emergency basis is necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency medical care, including, including tests, x-rays, surgery, hospital care as may be deemed necessary under the then existing circumstances.

All student participants and their parents/guardians of the student/participant are required to sign the Caldwell High School Consent/Emergency Form. Signatures on this sheet are commitments to school officials that the signers have read and understand the Activities Manual and agree to abide by these policies. Signatures also agree to the schools use of social media to promote our programs , which may include the use of pictures and recognizing our students by name. By signing below, I agree to abide by these rules and regulations and accept the responsibility of participating in extracurricular activities in the Caldwell School District.

Signature of Participant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

INTERIM QUESTIONNAIRE



PLEASE PRINT!!

_____ Male/Female _____
 Last Name First Middle (circle one) City Date

Since his/her last athletic physical examination, has this student:

	YES	NO	_____
			Year in School
(1) Had surgery	___	___	
(2) Been hospitalized	___	___	
(3) Been under a physician's care	___	___	
(4) Had a serious illness	___	___	
(5) Had an injury requiring a physician's care	___	___	
(6) Been rendered unconscious	___	___	
(7) Started taking any new medications	___	___	
(8) Developed any new drug allergies	___	___	
(9) Developed any health problems (Please explain all yes answers)	___	___	

My child ___ **should** or ___ **should not** have a physical examination prior to participation in high school athletics.

 Signature of Parent or Guardian

 Address

 City Zip Code

CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF STUDENT _____ DATE _____

NOTE: The original copy is to be returned to the school