

MADISON BOBCATS
MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM



The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written authorizing agent to give approval.

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.

Athlete's Printed Name

Athlete's DOB

Athlete's Signature

Address, City, State, ZIP

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 the undersigned do hereby authorize Madison High School/Coach or such substitute as he/she may designate as agent for the undersigned to consent to any X-Ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Parent's Signature

Date

Parent's Printed Name

Phone

Parent's Address

City, State, ZIP

Insurer

Policy Number

Family Physician

Physician's Address

INTERM QUESTIONNAIRE



This form is for ALL Sophomores, Seniors and those who have a physical on file less than one year old.

____ Freshman Physical On File - Sport _____

Physical Attached

____ Sophomore (must complete this form)

____ Junior Physical On File - Sport _____

Physical Attached

____ Senior (must complete this form)

PLEASE PRINT

_____ Male / Female
Last Name First M.I. (circle one) _____
Date

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

	YES	NO
(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

MADISON SCHOOL DISTRICT EXTRACURRICULAR

CONSENT FORM

I have received and have read and understand a copy of Madison School District’s “Extracurricular Activities Drug-Testing Program”. I desire that _____ participate in this program and in the extracurricular program of Madison High School and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20__

Student Signature

Parent/Guardian Signature

I, _____, have decided not to participate in any extracurricular activities sponsored by Madison High School for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to urinalysis.

Student Signature

Date

Parent/Guardian Signature

Date