

MECHANICVILLE PUBLIC SCHOOLS

PARENTAL/GUARDIAN CONSENT-ATHLETIC PARTICIPATION & MEDICAL TREATMENT FORMS

STUDENT: _____

NAME	SEX

ADDRESS	

GRADE	DATE OF BIRTH

Dear Parent/Guardian:

Your child has expressed a desire to participate in our interscholastic sport program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the District for the benefit of those who participate.

WARNING: PARTICIPATION IN ATHLETICS INCLUDES A RISK OF SERIOUS INJURY, PERMANENT PARALYSIS, INFECTIOUS DISEASE OR DEATH. THESE RISKS INCREASE IN SUCH PROGRAMS AS GYMNASTICS, AND CONTACT SPORTS SUCH AS FOOTBALL AND WRESTLING. ATHLETIC PARTICIPATION WILL ALSO INVOLVE TRAVEL IN SCHOOL DISTRICT VEHICLES. NO TRAVEL WILL BE PERMITTED OTHER THAN IN DISTRICT VEHICLES, AND ALL TRAVEL INCLUDES SERIOUS RISK OF INJURY.

1. Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self-worth (achievement), cooperative efforts (teamwork) and ethical decision making (sportsmanship).
2. ALL PARTICIPANTS MUST RECEIVE A PHYSICAL EXAMINATION BY THE SCHOOL PHYSICIAN PRIOR TO THE START OF PRACTICE. Your child will be notified when and where this will be administered. Please consult your physician regarding your child's protection against tetanus. If there is a question about your child's eligibility for physical reasons, it will be discussed with you prior to the start of the program.
3. School insurance for the medical treatment of sport-related injuries is applicable only after the parents' health insurance has been used. The district insurance is called scheduled, excess coverage and generally WILL NOT PAY THE FULL COSTS OF TREATMENT. The cost of medical benefit insurance on a total basis would be so costly as to effectively eliminate the program.
4. Within the first three team meetings the coach will explain the attendance, training, and athletic code rules as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic achievement.
5. School equipment issued to your child for participation in his or her responsibility and must be return promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and tear.
6. IN THE EVENT THAT YOUR CHILD BECOMES SICK, OR RECEIVES AN INJURY DURING ATHLETIC PARTICIPATION, ALL REASONABLE EFFORTS WILL BE MADE TO CONTACT YOU AND OBTAIN ANY REQUIRED CONSENT FOR MEDICAL CARE. IN SITUATIONS WHERE YOU CANNOT BE CONTACTED FOR SPECIFIC CONSENT TO TREATMENT, AND SUCH DELAY CREATES A RISK TO YOUR CHILD'S LIFE OR HEALTH, THE DISTRICT REPRESENTATIVE WILL USE THE AUTHORITY YOU GRANT THEM BY THIS FORM TO OBTAIN APPROPRIATE MEDICAL CARE AND TREATMENT FOR YOUR CHILD.

I/We _____ the parent(s)/guardian of _____, hereby give our permission for him/her to participate in _____.

Name of Sport & level Date

Address

I/We _____ the parent(s)/guardian of _____, hereby acknowledge that I/we may not be available to provide a consent for medical treatment in the event our child becomes sick or is injured during the athletic participation authorized above. In the event I/we are not available for such consent it is my/our desire to have the best available medical treatment for my/our child. This form hereby authorizes the district professional(s) named below to act on my/our behalf with respect to any required medical treatment decisions and consents, until such time as I/we are able to provide these items. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.

Dear Parent:

My child has a "may carry inhaler/EpiPen" note on file with the school nurse _____ Yes _____ No

* Retain one copy for your records.