

# MECHANICVILLE CITY SCHOOL DISTRICT

Mr. Thomas Berrigan, MCSD Athletic Director

## CONSENT FOR PARTICIPATION AND EMERGENCY MEDICAL PERMISSION SLIP

Dear Parent/Guardian:

Your child has expressed a desire to participate in our interscholastic sports 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 the risk of serious injury.

1. Interscholastic sports are a part of a broad extracurricular program designed to teach 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/FAMILY PHYSICIAN PRIOR TO THE START OF PRACTICE. Your child will be notified when and where this will be administered. Please consult your family 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 cost 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/conduct 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 purchased property that is issued to your child for participation will be the responsibility of the parent/guardian/student to be returned at the conclusion of the sports season. Reimbursement for the property will be the obligation of the parent/guardian/student for loss, refusal to turn in, or destruction beyond ordinary wear and tear. Please keep in mind that one uniform kept may result in the school district having to spend upwards of \$3000-\$5000 to replace those uniforms for a team. It is almost impossible for most uniforms to be duplicated after purchase as they are no longer available. Your cooperation is greatly appreciated.
6. In the event that your child becomes sick, or receives an injury during an athletic participation, all reasonable efforts will be made to contact you to obtain any required consent for medical care. In situations where you cannot be contacted for specific consent for 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.

**PAGE 2 AND 3 NEED TO BE COMPLETED AND TURNED INTO THE HEAD COACH OF THE SPORT**

MECHANICVILLE CITY SCHOOL DISTRICT

Mr. Thomas Berrigan, MCSD Athletic Director

**CONSENT FOR ATHLETIC PARTICIPATION AND EMERGENCY MEDICAL PERMISSION SLIP**

STUDENT: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

I/We, \_\_\_\_\_, the parent/guardian of the student above, hereby give permission for participation in interscholastic sports in the Mechanicville City School District and authorization for medical treatment. I/we also acknowledge that I/we may not be available to provide a consent for medical treatment, in the event my/our child becomes sick or is injured during the athletic participation authorized above in the event and 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's professional(s) named below to act on my/our behalf with respect to any required medical treatment decisions and consent, 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.

Coaches Name: \_\_\_\_\_ SPORT/LEVEL: \_\_\_\_\_

Athletic Director: Mr. Thomas Berrigan (518)664-9888 ext. 2409 [tberrigan@mechanicville.org](mailto:tberrigan@mechanicville.org)

Parent/Guardian Signature: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Below, please be very concise with any additional medical information that needs to be provided to explain any problems that your child may have: for example asthma, allergies to food or medications, carries an inhaler or epipen.

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**EMERGENCY MEDICAL CARD**

Parent/Guardian Contact #1: \_\_\_\_\_

Relationship to above: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Contact # 2: \_\_\_\_\_

Relationship to above: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Hospital: \_\_\_\_\_

**Name and Address of Relative/Other person if contact can not be made with Parent/Guardian listed above.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_