

Silver Falls School District 4J

Code: IGDJ/JHCA-AR
Adopted: 5/9/89-E
Readopted: 9/8/97

Athletic Participation
(Information and Permission)

STUDENT'S NAME BIRTH DATE GRADE

ADDRESS

PARENT'S OR GUARDIAN'S NAME

SCHOOL

PHONE #s: HOME WORK OTHER

NAME OF STUDENT'S PHYSICIAN PHONE

INSURANCE REQUIREMENTS: Students participating in athletics are required to be covered by insurance, either by a family plan or a plan that is available for purchase through the school district.

Please check one:

This is to certify that my child is insured sufficiently with family insurance to cover all injuries for inter-school athletic competition.

Name of Insurance Company

Policy Number

Group Number

We are purchasing insurance coverage through the school.

TRANSPORTATION: I give permission for my child to be transported by the district to any event in which he/she is participating as a team member.

Signature of Parent or Guardian

Date

(over)

SPORTS PHYSICAL REQUIREMENTS:

District policy requires that a student have an Oregon "sports exam" or its equivalent performed no earlier than six months prior to a student's initial participation in the athletic program. A copy of this exam and any subsequent exams must be placed on file with the school.

The district also requires that the parents of students registering for seventh grade or transferring to the district complete a "Pupil Health Record" form.

In order to confirm your child's health status, the following information is required:

1. Family records indicate this student's last physical exam was: _____
Date

2. Has your child had any serious accidents, illnesses and/or injuries since the last physical exam?
____ Yes ____ No If "yes" please explain:

AUTHORIZATION TO TREAT A MINOR:

In the event of an emergency, after every effort has been made to contact me by telephone, the undersigned parent or guardian does hereby authorize the district to obtain any medical care or hospitalization of my child as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for the immediate care of my child. The undersigned agrees to pay for such medical treatment and shall hold the district harmless from any liability, claims, judgments and costs incurred as a result of any such medical treatment or hospitalization.

List any restrictions: _____

Signature of Parent or Guardian

Date