

**Silver Falls School District 4J**

Code: **JHCA-IGDJ-AR**  
Adopted: 5/9/89-E  
Readopted: 9/8/97; 8/19/02

**Athletic Participation**

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 of Guardian

\_\_\_\_\_  
Date

(over)

**SPORTS PHYSICAL REQUIREMENT:**

Students in grades 5 through 12 are to have physical examinations performed prior to participation in extracurricular sports. "Participation," as used in this policy means participation in sports practices and interscholastic sports competition. The physical examination must be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician. The examination should be performed no earlier than May 1 of the preceding school year.

Students who continue to participate in extracurricular sports in grades 5 through 12 shall be required to complete a physical examination once every two years, thereafter.

Students are required to submit to the district a School Sports Pre-Participation Examination form prior to their participation. This form is to be completed and signed by a parent and physician, giving clearance and permission for the student to participate and authorizing emergency medical treatment and/or transportation to a medical facility, as necessary. The district shall require a student to have an additional physical examination if he/she is diagnosed with a significant illness or has had major surgery, prior to further participation in extracurricular sports.

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 my child'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