

EPPING MIDDLE SCHOOL ATHLETIC DEPARTMENT
ACKNOWLEDGMENT OF WARNING AND CONSENT AGREEMENT

I/we, _____ am/are the parent(s) or guardian(s) of _____ (minor), who desires to participate in the following school sport _____.

I/we acknowledge that I/we have been informed as to the nature of the sport, and that this sport/extracurricular activity, and that this sport/extracurricular activity may have risks of injury associated for those who participate, including transportation from and to the school campus. Although the school staff will endeavor to provide each participant with due care, the school cannot ensure that my/our child will remain free of injury.

I/we represent that my/our child is physically fit to participate in this sport/extracurricular activity and, if required, that he/she has been examined by a licensed physician who verifies that my/our child is physically fit to participate in this particular sport/extracurricular activity. The school district will rely on this representation.

I/we understand that school cannot ensure safety for children and that the school's obligation is to take reasonable precautions for safety and well-being. My/our child also has a responsibility for his/her own safety and that of others.

I/we acknowledge that I/we must provide the athletic/extracurricular staff with any medical or other information which I/we feel is important for the school to know about my/our son/daughter. This information must be kept confidential. I/we will provide medical and other information on my/our child prior to the start of the first practice or extracurricular activity. The School District will rely on me/us to provide this additional information.

I/we acknowledge my/our child must adhere to all policies, procedures, rules, regulations and instructions pertaining to school athletics or extracurricular activities, and that failure to comply could exclude my/our child from participation in this sport or extracurricular activity. Students shall not use, have in their possession, or be in the presence of underage/illegal substances including, but not limited to, illegal drugs, alcohol, tobacco, inhalants, and medications contrary to the manner for which they were prescribed. This policy applies to all participants and applies on or off school grounds, 24 hours a day.

I/we acknowledge receipt of the Athletic Code of Conduct and will adhere to this policy if applicable.

I/we acknowledge and understand the risks and requirements for my/our child to participate in the sport/extracurricular activity of _____. I/we consent to my/our child's participation in this sport/activity.

I/we understand that prior to my/our child's participation in this sport; I/we must provide the school nurse with the following documentation:

- Up to date immunization records (tetanus shots are good for up to 10 years, unless there has been serious injury).
- A copy of a physical examination – ***signed, dated and office stamped by a medical provider*** – with the provider stating the athlete is ***'physically fit and able to participate in school sponsored sports.'***
 - Physical examinations are good for two years from the date of the last physical. ***Example*** – a physical done on 9/01/2004 will be good through 9/01/2006.
- Health insurance company name and ID number. **Confidential** information on free or reduced-cost health care and insurance is available by calling the Health Office during school hours (7:25am-2:25pm) at 603.679.5472 x274 or x236. School insurance is also available, costing under \$20 for a school year.

In order to insure all athletes health and safety during his/her athletic experience, the above medical records, this Acknowledgment of Warning and Consent Agreement and the Health Information Sheet are due to the school nurse **two weeks before the last day of school for fall sports or, at least two school days prior to the first practice for all others.**

- 1) Please read entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
- 2) Fill in ALL blanks.
- 3) If you have more than one child participating, complete one form per child.

Parent/Guardian Signature

_____/_____/_____
Date

EMS SPORTS/HEALTH INFORMATION SHEET

TO BE COMPLETED BY PARENT/GUARDIAN:

Student's Name _____ Grade _____

Home Address _____ Town _____

Telephone Number _____ Date of Birth _____

EMERGENCY CONTACTS: (MUST have "Other Contact" listed – in the event that you cannot be reached during a medical emergency)

Mother/Guardian _____

Home Phone _____ Work Phone _____ Cell _____

Father/Guardian _____

Home Phone _____ Work Phone _____ Cell _____

**Other Contact _____

Home Phone _____ Work Phone _____ Cell _____

Family Doctor _____ Telephone _____ Alt. # _____

Family Dentist _____ Telephone _____

GENERAL INFORMATION: (Please complete ALL lines)

Food or Drug Allergies: _____

Other allergies: _____

Present medications: _____

Chronic medical problems: _____

Other items of concern: _____

NAME OF HEALTH INSURANCE COMPANY: _____

Policy # _____ Group # _____ ID # _____

* I give permission for my student to use insect repellent containing 25% DEET. YES _____ NO _____

PARENTAL AUTHORIZATION:

In the case of a medical emergency and in the event that I cannot be reached, I authorize the Epping Middle High School, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment - including hospital care - to be rendered to my child by or under the supervision of any licensed doctor/surgeon, dentist, or other health care practitioner.

Parent/Guardian _____ Date _____

TO BE COMPLETED BY ATHLETIC DIRECTOR:

Date of last physical exam: _____ Date of last tetanus shot: _____ "OK" to use insect repellent: YES NO

Other items of concern: _____

Athletic Director: _____ Date: _____