

G-M ATHLETICS
GUIDELINES AND MEDICAL CARE RELEASE
(must be returned to the school office before participation)

2022-2023 G-M Activity Guidelines

I (student) and we (parents/guardians) have closely read the G-M Activity Guidelines for School Activities and acknowledge our acceptance and willingness to observe the guidelines and follow its rules and regulations.

We (student and parents/guardians) further acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisors/coaches of the G-M Athletics and cooperating school districts that by participating in school activities exposes oneself to the risk of serious injury including but not limited to sprains, fractures, ligament and /or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all G-M Athletics/School Activities.

Emergency Medical Care Release

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures in the case of an emergency. We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

We (parents/guardians) further acknowledge that G-M Athletics and cooperating School Districts do not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a G-M Athletic/School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date _____

Student Signature _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Contact Information

Participant's Name: _____

Address: _____

Home Phone: _____

Mother/Guardian: _____

Work Number: _____

Cell Number: _____

Grade: _____

Birth date: _____

Age: _____

Male/Female: _____

Father/Guardian: _____

Work Number: _____

Cell Number: _____

Medical Information

Family physician: _____

Phone: _____

Family dentist: _____

Phone: _____

Health Insurance Company: _____

Policy Number: _____

Does the participant have any of the following: (if yes, please explain)

physical restrictions? _____

significant medical health issues? _____

taking any medications? _____

have any allergies to drugs/food/etc? _____

surgical history? _____

Where would you want your student to be transferred to for medical care? _____