

ETIWANDA SCHOOL DISTRICT
PARENTAL CONSENT FOR CHILD'S VOLUNTARY INTRAMURAL SPORTS PARTICIPATION,
RELEASE OF LIABILITY AND INDEMNITY AGREEMENT (Page 1 of 2)

☒ **Please note: Three (3) parent/guardian signatures and one (1) student signature are required.**

School _____ Coach _____

Type(s) of Athletics Activity _____ Location of Athletics Activity _____

Dates of Athletics Activity _____

Student's Name _____ Grade _____

Last First Middle

Address _____ Phone _____

Number/Street City Zip

Father/Guardian Name _____ Phone _____

Employer _____ Phone _____

Name City

Mother/Guardian Name _____ Phone _____

Employer _____ Phone _____

Name City

EMERGENCY Contact 1. _____ Phone _____

(If unable to reach parent) 2. _____ Phone _____

Name / Relationship

Doctor's Name _____ Phone _____

Name of Medical Insurance Carrier _____ Phone _____

Policy Number _____ Effective Date _____

As parent/guardian of _____, in order for my child to participate in intramural sports, I understand that I must provide proof that my child has Accidental Injury Insurance that covers medical and hospital expenses.

Please attach proof of medical insurance to this form.

☒ **Signed** _____ **Date** _____

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling (800) 827-4695.

INTRAMURAL SPORTS PARTICIPATION RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I acknowledge that I received and understand the concussion and sudden cardiac arrest information sheets. I will report any head injury, concussion symptoms, fainting, and/or sudden cardiac arrest symptoms or warning signs to my parent/guardian, teacher, PE teacher, coach, and/or athletic trainer.

☒ _____ **Signature of Student** _____ **Date** _____

- I hereby give my consent to have my child _____ voluntarily participate in the Etiwanda School District intramural sports participation on District property. Participation may take place before, during, and after school hours, as well as on weekends and holidays. I the undersigned, hereby release and discharge the Etiwanda School District, its officers, employees, agents, servants and volunteers (herein collectively referred to as "District") from all liability arising out of or in connection with the District's intramural sports participation and all liabilities associated with any and all claims related to the District's intramural sports participation that may be filed on behalf of or for the above named minor. **For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgements of any and every kind on account of any injury to the person or property of, or resulting in the death of the above named minor, that occurs during the District's intramural sports participation and that results from any cause including negligence of the District.**
- THE UNDERSIGNED ACKNOWLEDGES receiving and understanding the concussion and sudden cardiac arrest information sheets.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the District from any loss, liability, damage or cost they may incur due to the participation of my son/daughter in the intramural sports participation, and
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in the intramural sports participation, and
- THE UNDERSIGNED further expressly agrees that the foregoing RELEASE OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ AND VOLUNTARILY SIGN THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

☒ _____ **Signature of Parent or Guardian** _____ **Date** _____

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HEALTH HISTORY

Student's Name _____ Birthdate _____

Last

First

Middle

Please check Yes or No. If Yes, please list and include date(s).

1. Has your child been exposed to a virus or communicable disease within the past 21 days? Yes No _____
2. Does your child have any of the following health problems?
 - a. Chronic or recurring illness Yes No _____ g. Hernia (rupture) Yes No _____
 - b. Recent broken bones Yes No _____ h. Seizures (Epilepsy) Yes No _____
 - c. Asthma Yes No _____ i. Diabetes Yes No _____
 - d. Heart disease Yes No _____ j. Operations Yes No _____
 - e. Hay fever Yes No _____ k. Serious injuries Yes No _____
 - f. Fainting spells Yes No _____ l. Other Yes No _____
3. Date of most recent **Tetanus** shot _____
4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants, foods, etc.) Yes No _____
5. Does your child take any medications? Yes No _____ If yes, please list type of medication, reason, dosage, frequency, name of prescribing physician _____
6. If you have any concerns regarding your child's physical ability to participate in this activity, it is advisable for your child to have a physical examination.
7. If your child takes any medication that must be administered during intramural sports participation, you must have on file a Parental Consent for Administration of Medication form, as required by district policy and state law. Along with the form, an adult must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions. If you need this form, please contact the school office.
8. Please note that in extremely rare instances where, because of a life threatening condition, the physician has prescribed in writing that the child carry his or her own medication, you should immediately contact the principal at your child's school site to schedule a parent conference. Please be prepared to bring your written request that the child be permitted to carry his or her own medication as well as specific, detailed instructions from the physician for administration, safe maintenance of the medication, and an explanation of why the child must carry the medication rather than keep it in a secure place in the school office for regular administration of the medication.
(a) Medications that a physician requires that the child carry at school _____

☒ Parent please initial indicating you have read the above items (1-8) regarding Student Health History for intramural sports participation. _____

**INTRAMURAL SPORTS PARTICIPATION RELEASE OF LIABILITY AND CONSENT
TO EMERGENCY MEDICAL TREATMENT**

The above health history is correct so far as I know, and my child has permission to engage in all described activities and is physically fit to participate except as noted by me. As parent/legal guardian of _____, a minor, I do hereby consent that he/she voluntarily participate and compete in the Etiwanda School District intramural sports program, _____, and should the need arise, do hereby authorize and consent to any x-ray,

(Identify Sport Activities)

examination, anesthetic, medical or surgical diagnosis, and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or dentist licensed under the provisions of the Dental Practice Act or the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render any care, which the aforementioned physician in the exercise of his or her best judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the **Etiwanda School District**, its officers, or employees for any medical aid rendered and will reimburse the **Etiwanda School District** for all medical or other expense incurred in the care of my son/daughter.

In order that my son/daughter may receive all necessary medical treatment in the event of an injury or illness, I hereby hold the **Etiwanda School District** and its representatives harmless in the exercise of this authority.

☒ _____
Signature of Parent or Guardian **Date**