

# Evergreen School District #50

## Parent/Guardian/Student Activity Release/Consent & Medical Release Form

This Release/Consent Form covers all Evergreen School District Activities

Name \_\_\_\_\_ Activities \_\_\_\_\_ Grade \_\_\_\_\_

### **Part A Parent/Guardian Permission to Participate**

I hereby give my permission for the above named student to engage in Evergreen School District #50 approved interscholastic activities as a representative of his/her school. I also give my consent for the above named student to accompany the team/group as a member on its out-of-town trips.

Parent Initial: \_\_\_\_\_ Student/Athlete Initial: \_\_\_\_\_

### **Part B Parent/Guardian and Student Awareness Verification**

I have read and understand the rules, regulations, policies and responsibilities as stated in the student handbook of Evergreen School District #50 and the penalties for violation of them. I understand and accept these rules, regulations, policies and accompanying penalties as conditions for participation.

Parent Initial: \_\_\_\_\_ Student/Athlete Initial: \_\_\_\_\_

### **Part C Parent/Guardian and Student Risk Awareness Verification**

I understand and acknowledge that organized middle school and elementary activities involve the potential of injury, which is particularly inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of safety rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

Parent Initial: \_\_\_\_\_ Student/Athlete Initial: \_\_\_\_\_

### **Part D Rules and Expectations for Activity Participants**

#### **A student participating in activities may not:**

1. Use, or have in possession, drugs of any kind, or be present for any length of time at a gathering or location where the use or the possession of drugs is illegally taking place during an activity season. Alcohol is a drug.
2. Use, or have in possession, tobacco or alternative nicotine and vapor products in any form at any time during an activity season.
3. Steal school equipment or steal on a school-sponsored trip during an activity season.

#### **Activity Season:**

The activity season is defined as: The season begins with the first official practice of the activity and ends with the arrival home after the last competitive event or when the parent/guardian requests that the student become his/her responsibility after the final event for that season.

#### **Penalties:**

The penalty for violating number 1, number 2 or number 3 above is immediate dismissal from the activity for that season. The offending member may not participate in another activity during that season and will not receive any awards.

Parent Initial: \_\_\_\_\_ Student/Athlete Initial: \_\_\_\_\_

### **Part E Equipment Information**

All uniforms/equipment assigned to the student from an activity, must be returned, or if lost/damaged, must be paid for before a student may tryout or participate in another activity.

Parent Initial: \_\_\_\_\_ Student/Athlete Initial: \_\_\_\_\_

### **Part F Insurance Information**

I understand that Evergreen School District #50 does not provide insurance to automatically pay for medical expenses when students are injured at school. This is the responsibility of the parents or legal guardians. The district carries only legal liability insurance. The district does make student medical insurance available to families for their individual purchase. Please visit <https://www.evergreensd50.com/page/student-accident-insurance> to view all the coverages and premium options under student accident insurance.

Parent Initial: \_\_\_\_\_

Insurance Provider (required): \_\_\_\_\_ Policy. No (required): \_\_\_\_\_

**Part G Medical Information**

**Participant D.O.B.** \_\_\_\_\_ **Gender** Male/Female (circle) **Grade** \_\_\_\_\_

**Person with whom you reside** Both/Mother/Father/Step-parent (circle)

Mother's Name \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Address (Where student lives) \_\_\_\_\_

Home Phone # \_\_\_\_\_

**Emergency Contact (NOT a parent)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ Phone # \_\_\_\_\_

**Does your son/daughter have any Allergies or Health problems?**

Describe and be as specific as possible.

**What serious illness, injuries, or operations has he/she had? Please describe:**

**Regular Medication(s) and dosage**

The student signature acknowledges that he/she has read and understands all aspects of this form including parts A, B, C, D and E.

**Student Signature**

**Date**

**Parent/Guardian Consent**

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, certified athletic trainer, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team/group. **Your signature below gives authorization that is necessary for the school district, its athletic trainers, coaches, sponsors, associated physicians, medical personnel and student insurance personnel to share information concerning medical diagnosis and treatment for your student.** Further, I hereby waive, on behalf of myself and the above named student any liability of Evergreen School District #50, its agents or employees, arising out of such medical treatment.

The parent/guardian signature authorizes the student to participate in Evergreen School District #50 Activities. We the undersigned acknowledge that we have read and understand all aspects of this form including parts A, B, C, D, E, F, G and H and grant permission and consent as required.

**Parent Signature**

**Date**