

(Out-of-District) Evergreen School District

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 permission for the above named student to engage in Evergreen School District approved extracurricular 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. 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. You further acknowledge and consent to the Student being recorded by audio or video means by a school employee/representative/coach/advisor during participation in a Club or Activity for purposes of coaching instruction, or publication on the District's website, Facebook, Twitter, and Instagram. Please review the attached documents.

Parent Initial: _____ Student/Athlete Initial: _____

Part B Parent/Guardian and Student Awareness Verification

I have read, understand, and agree to follow all policies, procedures, guidelines, and information listed in the most current Evergreen School District Student Handbook. You can find the Evergreen School District Student Handbook on the Evergreen School District Website under "More" then "Parent/Student."

Parent Initial: _____ Student/Athlete Initial: _____

Part C School Media Publication

I hereby grant Evergreen School District my permission to publish images of my son/daughter on its web site, posters, handout, or other media sources. Please review the attached documents.

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.

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.

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.

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 try out 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.

Insurance Provider (required): _____ Policy. No (required): _____

Parent Initial: _____

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.

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
