

WAYLAND-COHOCTON CENTRAL SCHOOL DISTRICT
INTERSCHOLASTIC ATHLETICS

Consent Form For Athletic Participation

Emergency Release Form

Student Name _____ Date of Birth _____ Age _____

Address _____

Phone _____ Emergency Phone _____ Grade _____

Sport Activity _____

No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as in non-school sporting activities, athletic participation by students also may be inherently dangerous. Severe head or neck injury, including paralysis or death may occur despite using a helmet provided to your child. No helmet can prevent all head injuries or any neck injuries a player might receive while participating in football, lacrosse, softball, baseball, hockey or Fitness room. Students and parents must assess the risks involved in such participation. Each makes his/her choice to participate or to allow the child to participate in spite of the risks. The obligation of parents and students in making this choice cannot be overstated. In granting permission for your child to participate in athletic competition, you, the parent/guardian, acknowledge and assume such risks.

I, parent/guardian of the above student, hereby give my consent for him/her to participate in the above activity. I have read and understand the content of this permission form. I am aware that the participation in this athletic activity is voluntary. I have also reviewed the Extracurricular Activities Code with my son/daughter and we both understand the basic responsibilities involved within the athletic program. I am also aware that the Wayland-Cohocton School District carries student health insurance, has limits and takes over only after coverage under the parents' regular health plan is exhausted. I consent and agree to the foregoing as a condition of my child participating in district interscholastic activities.

Parent(s)/Guardian(s) Signature _____ Date _____

Emergency Release Approval Form

Insurance Co. Primary _____ Policy Number _____

Insurance Co. Secondary _____ Policy Number _____

I give approval to have my son/daughter treated in an emergency room of any hospital for an injury sustained while participating in a school activity. I request that the hospital first attempt to contact me by telephoning me at the following numbers: _____ However, should the hospital be unable to reach me, I do give permission for the hospital to treat my son/daughter.

Parents(s)/Guardian(s) Signature _____ Date _____

Student/Athlete Signature _____ Date _____

In an emergency, is there anything you feel the doctor should be aware of before he treats your son/daughter? If so, please describe.

If taking medication, please list:

Any allergies to medications or anesthesia?

THIS SECTION IS TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE.

Date of tetanus booster (within 10 years) _____ Date of last medical exam _____

Doctor's name _____

Were any defects or chronic diseases noted on last exam or on school health records _____

If so, describe _____

Reviewed _____ Date _____ Qualified _____ Disqualified/Physician Referral _____ Nurse's Signature _____