

POLICIES FOR ATHLETIC PARTICPATION
PARENT/GUARDIAN ACKNOWLEDGEMENT FORM

STUDENT NAME: _____ **GR/TCHR:** _____ **DATE** _____

Please click the attached links to review the policy documents.

- [SUDDEN CARDIAC DEATH IN YOUNG ATHLETES](#)
- [OPIOID USE & MISUSE-EDUCATIONAL FACT SHEET](#)
- [CONCUSSION POLICY](#)

Agreements: For each of the agreements below, please read the terms, check the box to mark your acknowledgement, and type your name to confirm.

- **[Sudden Cardiac Death Pamphlet](#)** I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

I agree. I do not agree. Type Your Name Signatory must be older than 18 years

- **[Opioid Use & Misuse Educational Fact Sheet](#)** I/We acknowledge that we received and reviewed the Opioid Use & Misuse Fact Sheet.

I agree. I do not agree. Type Your Name Signatory must be older than 18 years

- **[Sports-Related Concussion and Head Injury Fact Sheet](#)**

My student-athlete and I have read, understand and agree to the Sports-Related Concussion and Head Injury Fact Sheet provided by the school.

I agree. I do not agree. Type Your Name Signatory must be older than 18 years

- **[Parent Approval to Participate](#)** - **agreement required**

To participate in the interscholastic athletic program of our school, it is necessary that your son, daughter or ward have parental approval. This approval is an indication that you assume full responsibility for accidents or injuries which may occur, either during participation in the athletic activity 'or related-transportation. Realizing that 'such activity ' involves the potential for injury, which is inherent in all sports, I/we acknowledge that even with the best coaching use of the most advanced protective "equipment and strict observance of 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. Furthermore, I have been informed that the Board of Education carries an accident insurance policy, but my own medical coverage plan must provide first coverage, that the school's plan will cover the excess within usual and customary limits, and that a possibility exists 'I/we may have to pay the excess above these limits included and the deductible amount included as part of my own plan. Additionally, I understand: that my son/daughter or ward is responsible for all equipment and apparel issued until it has been property returned to the athletic coach. I further understand that I will be held financially responsible for any loss incurred. Your signature above authorizes the sharing of any medical information with the Athletic Department as seen appropriate for their welfare.

I agree. I do not agree. Type Your Name Signatory must be older than 18 years

- **[Medical Permission/Consent](#)**- **agreement required**

I give permission to Mrs. Mary E Dow, RN, our school nurse, to share medical information with the athletic trainers and coaches on an as needed basis. I further understand that if my child requires the use of/carrying of & self-administering of any medications during sports (i.e. an inhaler for asthma or epi-pen for allergies) Prescriptions must be submitted to the School Nurse in accordance with the School Medication Policy.

I agree. I do not agree. Type Your Name Signatory must be older than 18 years