

Acknowledgement of Risk and Insurance Statement

I give permission for _____ (name of child) to participate in any of the following sports: baseball, basketball, cheerleading, cross country, golf, lacrosse, soccer, softball, track, other (identify sports)

I have reviewed the individual eligibility rules and I am aware that with the participation of sports comes the risk of injury to the athletes. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. The student stated above has student insurance available through the school (yes no) or is insured with:
Name of Company:

Policy Number:

Name of Policy Holder:

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risk inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for the student stated above to participate in the sport and travel with the team.

Additionally I give my consent and approval for the student stated above to have their picture and name to be printed in any high school or association program, school newspaper, local newspaper and the school web site.

Parent/Guardian Signature

Date

Over

Emergency Permission form

Student's name

Grade

Age

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency:

Date of recent physical on file:

Please list any allergies to medications, etc:

Has this student been prescribed an inhaler or epipen?

Please have name on all inhalers and epipens

Is this student presently taking medication?

If so, what type?

Does this student wear contact lenses?

Please list date of last tetanus shot:

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Chelsea Public School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for this student stated above.

Daytime phone number (where to reach you in emergency)

Evening phone number

Cell phone number

Beeper number

Signature of Parent/Guardian

Date