

**EMERGENCY MEDICAL AUTHORIZATION**

(Side 1)

**ATHLETIC PARTICIPATION**

**ABERDEEN PUBLIC SCHOOLS**

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Please Circle School Attending: CHS HMS SMS Grade: 6 7 8 9 10 11 12

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Allergies and/or special medical problems: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name(s) \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Work No. \_\_\_\_\_ - \_\_\_\_\_ Mother's Work No. \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE INFORMATION**

**You must have one of the following:**

1. Individual or group health/accident insurance:

\_\_\_\_\_ Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

2. School Insurance \_\_\_\_\_ Purchase Date \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT PERMISSION (Signatures Required)**

*I hereby authorize the school to obtain, through a physician of its own choice, any emergency care for this student that may become reasonably necessary in the course of activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.*

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

(A copy of side one is given to the teachers for emergency reference – the original is kept in the Athletic Office).

**--- PLEASE COMPLETE & SIGN SIDE 2 ---**

# STUDENT PARTICIPATION PERMISSION

(Side 2)

**NOTE:** This form must be completed (both sides) before the student may participate or travel associated with any of the named activities below.

**STUDENT** \_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Nickname

**SCHOOL:** (Please Circle)      CHS      HMS      SMS      Grade: 6 7 8 9 10 11 12

Participation in competitive athletics may result in severe injury, including paralysis, or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, however, it is impossible to eliminate such occurrences from athletics.

Knowing and understanding the risks involved, I hereby give my consent for the above named student to represent his/her school in the activities **circled** below. This includes my permission for team travel to local or out of town events.

**Signatures by the parent/guardian *and* student-athlete are required for participation in the Fall, Winter, and /or Spring sports you have circled.**

### FALL SPORTS

Boys' Cross Country      Girls' Cross Country      Cheerleading      Dance      Soccer  
Football      Boys' Golf      Girls' Tennis      Girls' Volleyball

### WINTER SPORTS

Boys' Basketball      Girls' Basketball      Girls' Gymnastics      Boys' Wrestling      Cheerleading

### SPRING SPORTS

Boys' Track & Field      Girls' Track & Field      Boys' Tennis      Girls' Golf

**Student and parent/guardian also confirm the reading and understanding of the Aberdeen School District Policy #JICDA: ACTIVITY CODE. This policy is published on the district website and in the Parent Handbook distributed at all Sports Kickoff Meetings.**

\_\_\_\_\_  
**STUDENT-ATHLETE SIGNATURE (Required)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE (Required)**

\_\_\_\_\_  
**DATE**