

RHAM High School

Athletic Permission Form

2018-2019

Dear Parent/Guardian:

If your son/daughter is interested in playing interscholastic sports on a high school team, it is MANDATORY that you provide written consent for participation in these athletic activities, understand and comply with health requirements and understand the insurance coverage for your child. Participation in interscholastic sports will provide your child with lifelong experiences and other benefits, but you should also recognize that participation involves the potential for injury and on those rare occasions these injuries can be as severe as to result in permanent disability or even death.

MEDICAL INFORMATION: All students who participate on an interscholastic team must have a physical examination completed by your private physician each and every year. This consent form, and the State of Connecticut Health Assessment Record (the "Blue" form), MUST be completed and handed in to the NURSE, PRIOR TO TRYOUTS. (Please continue reading for Physical requirements.)

- 1. I give permission for my child (first and last name): _____ to participate in the interscholastic sport of _____ for the school year 20__ - 20__, understanding that such activity involves the potential for injury or death.
2. My child has had a Connecticut Health Assessment within 13 months preceding this sport season, understanding that it must be completed Each and Every Year prior to participation in interscholastic sports.
3. Date of last Physical: _____ (confirmation of date and receipt by School Nurse _____.)

ACCIDENT INSURANCE: All students are covered by Regional School District No. 8's insurance while participating in interscholastic sports, and clubs. However this accident policy is a non-duplication policy, which means that you must use your own insurance first. If your insurance does not cover the total bill, the sports insurance will pay for that portion which is "usual and reasonable" above that which was paid by your policy. You must submit a letter from your insurance agent stating that they are not covering the bill. Please understand that the student must be under a doctor's care for the injury and claim must be submitted to our insurance company within 90 days of the date of the injury. If you have no health insurance the school board's insurance will pay the entire bill. At the beginning of the school year students are provided with information regarding student insurance, which may be purchased annually.

- 4. Please initial that you have read this information on insurance coverage _____
5. I acknowledge that my child has not transferred schools without changing legal residence. _____
6. The policy regarding substance abuse is found in Regional School District #8 Board of Education Policy 5114 (discipline) and 5143 (Drug and Alcohol Use by Students).

I have read, understand and agree to the Substance abuse Regulations as published in the student handbook. _____
Parent, Please initial here.

I have received, read and understand the document, "Student and Parent Informed Consent Form Sudden Cardiac Arrest" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

>>>>>>>>>> Please turn over

I have received, read and understand the document, ***"Student and Parent Concussion Informed Consent Form"*** and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

Athlete Health Information Update

Athlete's Name _____

Allergies: _____

Medical Considerations: _____

Medications required for sports: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Received by School Nurse _____ . (Date and initial)

revised 5/17