

RISK COMMUNIQUÉ

SCHOOL DISTRICT PARENTAL/GUARDIAN CONSENT FOR ATHLETIC PARTICIPATION

Student _____ Sex: Male Female

Address _____

Grade _____ Birth Date _____

Dear Parent/Guardian:

Your child has expressed a desire to participate in our interscholastic sport program. It is important that you and your child understand the goals of the program and agree to abide by the rules established by the district for the benefit of those who participate.

Warning: Participation in athletics includes a risk of serious injury, permanent paralysis, infectious disease or death. These risks increase in such programs as gymnastics, and contact sports such as football and wrestling. Athletic participation will also involve travel in school district vehicles. No travel will be permitted other than in district vehicles, and all travel includes serious risk of injury. Your child will be provided information concerning these participation risks, and they should be carefully discussed and considered before this form is signed.

1. Interscholastic sports are a part of a broad extracurricular program designed to teach students certain skills and reinforce concepts of self-worth (achievement), cooperative efforts (teamwork) and ethical decision making (sportsmanship).
2. **All participants must receive a physical examination by the school physician prior to the start of practice.** We will make these arrangements on a team basis and your child will be notified when and where this will be administered. Please consult your physician regarding your child's protection against tetanus. If there is a question about your child's eligibility for physical reasons, it will be discussed with you prior to the start of the program.
3. School insurance for the medical treatment of sport-related injuries is applicable only after the parents' health insurance has been used. The District's insurance generally **will not pay the full cost of treatment.**
4. Within the first three team meetings the coach will explain the attendance, training, and athletic code rules as well as eligibility rules for participation. In addition to the strict observance of these rules, your child will be expected to continue to meet all regular school obligations of citizenship and academic achievement.
5. School equipment issued to your child for participation is his or her responsibility and must be returned promptly upon request. Reimbursement from the student will be expected for loss or destruction beyond ordinary wear and tear.
6. In the event that your child becomes sick, or receives an injury during athletic participation, all reasonable efforts will be made to contact you and obtain any required consents for medical care. In situations where you cannot be contacted for specific consent to treatment, and such delay creates a risk to your child's life or health, the district representative will use the authority you grant them by this form to obtain appropriate medical care and treatment for your child.

Date / Signature: _____

This is a sample guideline furnished to you by Glatfelter Public Practice. Your organization should review it and make the necessary modifications to meet the needs of your organization. The intent of this guideline is to assist you in reducing risk exposure to the public, personnel and property. For additional information on this topic, you may contact your GPP Risk Control Representative. www.glatfelterpublicpractice.com

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Parental Authorization for Participation:

I/We _____ the parent(s)/guardian
of _____ hereby give our permission for him/her to
participate in _____ (name of sport and level).

Date/Signature _____

Address/Home & Business Phone _____

Parental Authorization for Medical Treatment:

I/We _____, the parent(s)/guardian of _____ hereby
acknowledge that I/We may not be available to provide consent for medical treatment in the event our child
becomes sick or is injured during the athletic participation authorized above. In the event I/We are not available for
such consent, it is my/our desire to have the best available medical treatment for my/our child. **This form hereby
authorizes the district professional (2) named below to act on my/our behalf with respect to any required medical
treatment decisions and consents, until such time as I/We are able to provide these items. Notice is hereby given
to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to
act upon such authorization without delay.**

Designated District Agents: _____

District Position Held by Agents: _____

Agents Address and Telephone Numbers: _____

District Physical Education Director Telephone: _____

Date: _____ Parent/Guardian: _____

Witness: _____ Date: _____

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