

HAMILTON COMMUNITY SCHOOLS ATHLETIC

EMERGENCY NOTIFICATION FORM

Anyone participating in athletics must have completed physical examination and insurance forms on file prior to their first practice.

INSURANCE

If you do not have proper insurance, you may purchase a student accident insurance policy through an independent company. Forms are available in the high school office. The policies available begin at \$19.00. Insurance obligations must take place prior to the first day of practice. The school has catastrophic injury insurance through the IHSAA that covers losses above \$25,000 for high school athletics only.

EMERGENCY MEDICAL AID

I/We hereby grant permission for any medical treatment deemed necessary by a physician in case of illness or injury sustained during participation in an athletic program provided by Hamilton Community Schools, in the event said parent/guardian cannot be reached for verbal or written permission.

PRINTED NAME OF ATHLETE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

KNOWN ALLERGIES: _____

If an allergic reaction occurs, coach should: _____

**HAMILTON COMMUNITY SCHOOL CORPORATION
EXTRACURRICULAR ACTIVITIES DRUG TESTING PROGRAM AGREEMENT**

I have received, read and understood a written copy of the "Hamilton Community School Corporation Extracurricular Activities Drug Testing Program." Since I desire that _____ (the "Student") participate in one or more of the extracurricular activities of Hamilton Community School Corporation and/or drive to school, I agree that the Student will be subject to the terms of the Extracurricular Activities Drug Testing Program. Unless revoked in writing, this Agreement shall remain in force for the Student's entire school career (grades 7-12) so long as the Student participates in an extracurricular activity and/or drives to school.

I accept the method of obtaining specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing specimens that may be required from time to time. I further agree and consent to the disclosure of the sampling, testing, and results provided for by this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Student Signature

Date

Parent/Guardian Signature

Date

I have received, read and understood a written copy of the "Hamilton Community School Corporation Extracurricular Activities Drug Testing Program."
_____ (the "Student") will not participate in any extracurricular activities of Hamilton Community School Corporation or drive to school for the remainder of this school year. In order for the Student to participate in any extracurricular activity or drive to school at a later date, it is understood that I will be required to agree to be subject to the terms of the Extracurricular Activities Drug Testing Program prior to participating in the activity or driving to school.

Student Signature

Date

Parent/Guardian Signature

Date