

EMERGENCY MEDICAL AUTHORIZATION  
NORTH OLMSTED CITY SCHOOLS

\_\_\_\_\_  
School Year

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

**BOTH SIDES MUST BE COMPLETED**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**SECTION A**  
PARENTS NAME

Cell Phone: \_\_\_\_\_

PHONE (H) \_\_\_\_\_  
PHONE (W) \_\_\_\_\_

SECOND PARENT  
Cell Phone: \_\_\_\_\_

PHONE (H) \_\_\_\_\_  
PHONE (W) \_\_\_\_\_

ADDITIONAL NUMBERS TO REACH PARENTS: \_\_\_\_\_

**SECTION B:** OTHER EMERGENCY CONTACTS (Those willing to assume responsibility)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_  
Do you have any allergies? (i.e.. Bee sting, dust, etc.) \_\_\_\_\_  
Do you suffer from asthma, diabetes or epilepsy? \_\_\_\_\_  
Do you wear contacts? \_\_\_\_\_

**PART 1 - TO GRANT CONSENT**

In the event reasonable attempts to contact either parent/guardian are not successful, I hereby GIVE MY CONSENT FOR:

1 (Preferred Physician) Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
(Preferred Dentist) Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and,

2 Transfer of my Student to \_\_\_\_\_ (preferred hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Are there any other facts concerning the students medical history or physical impairments to which a physician should be alerted?

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART II - REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to TAKE NO ACTION and to follow this procedure:

\_\_\_\_\_  
\_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# NORTH OLMSTED CITY SCHOOLS TRAINING RULES AND REGULATIONS

## GOAL

Our goal is to help the athlete help himself/herself by learning the value of self-discipline through the use of these athletic training rules and regulations.

## OBJECTIVES

1. To teach the athlete the values of training rules.
2. To maintain the unity and morals of all athletic teams.
3. To foster the concept of replacing ones personal goals with team goals.
4. To help the individual athlete obtain his/her full physical potential.
5. To establish a productive pattern of living.
6. To help the athlete to become a positive influence on the school, community, family and self.

## TRAINING RULES AND REGULATIONS

North Olmsted athletes are expected to adhere to the North Olmsted Athletic Department training rules and regulations twelve months each year. Athletes are required to comply with these rules from the first day of practice in the fall or July 31, whichever comes first. The individual athletic sports season shall include those dates as prescribed by the Ohio High School Athletic Association as listed in the current Ohio High School Constitution and Rules, as well as any approved pre-season conditioning program.

## RULES

The athletes of North Olmsted must refrain from the following:

1. Drinking alcoholic beverages.
2. Smoking of any kind.
3. Using mind altering drugs.
4. Being involved in malicious behavior in sports or in their everyday activities. Malicious behavior may be defined as, but is not limited to the following examples:
  - A. Vandalism
  - B. Disruption of school activities
  - C. Violations of the rights and responsibilities of other individuals as outlined by the North Olmsted Board of Education in its student code and the North Olmsted Athletic Department in its Athletic Handbook.

## PUNITIVE ACTION

Action will be taken in accordance with the due process procedure of the North Olmsted Athletic Department and the Board of Education. When a member of a sports team does not follow the rules set forth above, or the rules and regulations as set forth by the Athletic Department, denial of participation or removal from a team may be the penalty. Other types of action may involve community service, school or community sponsored self-help programs, or denial of awards.

### \*\*\*\*\*RISK OF PARTICIPATION\*\*\*\*\*

All athletes and parents must realize the risk of serious injury which may be a result of athletic participation. Students may become seriously injured by participating in sports. This injury could cause permanent physical damage, disability, and even death. The North Olmsted School District will use the following safeguards to make every effort to eliminate injury:

1. Conduct a parent/athlete meeting prior to the start of the season to fully explain the athletic policies, procedures, rules and regulations and to advise, caution and warn parents/athletes of the potential for injury.
2. Maintain a continuing education program for coaches to learn the most up-to-date techniques and skills to be taught in their sport and to keep coaches updated in First Aid and CPR.
3. Instruct all athletes about the dangers of participation the particular sports.

ALL CASES INVOLVING VIOLATIONS OF THE TRAINING RULES AND REGULATIONS BY ANY ATHLETE WILL BE REPORTED TO THE ATHLETIC DIRECTOR AND WILL BE BROUGHT TO THE ATTENTION OF THE ATHLETE'S PARENTS.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE NORTH OLMSTED ATHLETIC DEPARTMENTS' RULES AND REGULATIONS AND THE RISK OF PARTICIPATION STATEMENT.

PARENTS' SIGNATURE \_\_\_\_\_

ATHLETES' SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## The Parents' Pledge

Cooperation among coaches, athletes, parents, and school personnel is essential if students are to realize the values of athletic participation. Like coaches and athletes, parents must make commitments to the athletic program to assure such cooperation. We ask that you read the following Pledge and, as needed, discuss your reactions with your child's coach. Thanks for your help.

As the parent of an athlete in this school, I promise:

1. To attend the orientation pre-season meeting offered by the athletic department.
2. To work closely with all school personnel to assure an appropriate academic as well as athletic experience for my child while he or she is in high school.
3. To assure that my child will attend all scheduled practices and athletic contests.
4. To require my child to abide by the athletic department's training rules.
5. To acknowledge the ultimate authority of the coach to determine strategy and player selection.
6. To promote mature behavior from students and parents during athletic contests.
7. To work cooperatively with other parents and school personnel to assure a wholesome and successful athletic program for our school.

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

Date \_\_\_\_\_

## The Athlete's Pledge

Individual and team success in sports results from commitment. The extent to which young athletes are able to make such commitments reflects their maturity as well as their dedication to family, friends, school, and team. For these reasons, we ask you to read and agree to the following **Pledge**:

**As an athlete in my school, I promise:**

1. To be a worthy representative of my teammates and coaches, abiding by school and community expectations and reflecting my team's values of commitment and hard work.
2. To maintain my health and fitness levels by following the training rules as prescribed by the Athletic Department.
3. To reflect the knowledge that a commitment to victory is nothing without the commitment to hard work in practice.
4. To attend every practice unless excused by my coach.
5. To understand that my future as a responsible adult relates more to my academic than my athletic activities.
6. To find the time to satisfy my family relationships and responsibilities.
7. To accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive interaction, and mutual respect.
8. To reflect good upbringing by expressing my feelings and ideas intelligently and appropriately.
9. To reflect my belief that true strength involves gentleness and that even the toughest athlete is sensitive to others.

**I have read the above statements and promise to live up to them:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# For Interscholastic Athletics

## Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects. By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

### ATHLETIC HANDBOOK ACKNOWLEDEMENT

We have seen and reviewed the North Olmsted Athletic Participation Handbook on line at [www.northolmstedschools.org](http://www.northolmstedschools.org) on the athletic page. We understand the Code of Conduct and Rules for Academic Eligibility. We understand participation in these activities/sports is a privilege, not a right. To maintain privilege, we agree to abide by the Handbook's regulations and policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date