

SOUTH HILLS MIDDLE SCHOOL PARTICIPANT EMERGENCY/CONSENT FORM

Name _____ Birth Date _____ Current Grade _____

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone Parent/Guardian(s) _____



In an emergency, if parent/guardian is unavailable, notify (include name & number): _____

Family Physician _____ Phone _____

Insurance Company/Policy Number _____

Known Allergies (i.e. bee, penicillin, peanuts) _____

Last Tetanus _____ Medical Conditions _____

The trainer or coach may apply first aid treatment until the family doctor can be contacted. YES _____ NO _____

We give our consent for coaches, athletic trainers, and team physicians to use their own judgement in securing medical aid and ambulance service in case the parents cannot be reached. YES _____ NO _____

Your son/daughter has expressed a desire to participate in Twin Falls School District Activities. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact or call your child's coach or school Athletic Director. Before the participant is allowed to practice, check out uniforms, you are required to read, sign and return the release and participation information document to the appropriate head coach.

- Each participant must have on file a yearly (current) physical examination. Cost incurred for the physical examination will be the responsibility of the parent/guardian.
- Notice of risk: Student participant and the student's parent/legal guardian need to be aware that specific activities involve risk of injury when the participant practices, plays or participates in any sport. The activities can be dangerous. The student risks serious and permanent injury affecting their well-being.
- Instructions given by the coach regarding playing techniques, training and team rules must be followed.
- The Twin Falls School District is neither liable nor responsible for any medical, dental, or hospital expenses occurring as a result of injuries sustained by a student while participating in a school activity sport. All injury related expenses shall be the responsibility of the student's parent/legal guardian.

Initial one:

_____ I have insurance that will pay for medical expenses if my son or daughter is injured while participating in a school sport.

_____ I have purchased insurance (school)

_____ I do not have insurance for my son/daughter and understand that the school district is not responsible and will not pay any doctor, hospital, or medical expenses if my child is injured while participating in any school sport.

- Recognizing that as a result of activity participation, medical treatment on an emergency basis is necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, hospital care as may be deemed necessary under the then existing circumstances.

I HAVE CAREFULLY READ, UNDERSTAND, AND WILL COMPLY WITH ALL OF THE ABOVE INFORMATION.

All student participants and their parent/guardian(s) of the student/participant are required to sign for the Twin Falls School District Extracurricular Activities Pledge. Signatures on this sheet are commitments to school officials that the signers have read and understand the Activities Code and/or Athletic Manual and agree to abide by these policies. By signing below, I agree to abide by these rules and regulations and accept the responsibility of participating in extracurricular activities in the Twin Falls School District.

Participant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____