

NBHS SPORTS EMERGENCY MEDICAL FORM

The purpose of this form is to enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

STUDENT NAME _____ GRADE _____

ADDRESS _____ CITY/ZIP _____

BIRTHDATE _____ CUSTODY WITH _____

FATHER'S NAME _____ MOTHER'S NAME _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

E-MAIL _____ E-MAIL _____

Emergency contacts if parents can not be reached

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

**EMERGENCY MEDICAL AUTHORIZATION FOR NORTH BALTIMORE LOCAL SCHOOLS
EITHER CONSENT OR REFUSAL MUST BE FILLED OUT AND SIGNED** DO NOT SIGN BOTH****

CONSENT FOR TREATMENT

If you have been unsuccessful in reaching me, I hereby give my consent for administration of any treatment deemed necessary by the following individuals:

FAMILY PHYSICIAN _____
PHONE _____

FAMILY DENTIST _____
PHONE _____

In the event the designated preferred practitioner is not available, I give consent for the administration of any treatment deemed necessary by another physician or dentist and the transfer of my child to the following hospital of choice, or any hospital reasonably accessible

HOSPITAL OF CHOICE _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

INSURANCE COMPANY _____
POLICY NUMBER _____

X _____ X _____
Parent/Guardian/Custodian signature Date

REFUSAL TO CONSENT

I do not give consent for emergency medical treatment of any kind for my child. In the event emergency treatment is needed, I wish the authorities to take no action.

X _____ X _____
Parent/Custodian/Guardian Signature Date

MEDICAL ALERT (ALLERGIES, CONDITIONS, ETC.)

TRAVEL PERMISSION for grades K-12

I grant permission for my child to be transported to any and all off-campus events by the transportation provided and approved by North Baltimore Local Schools.

X _____ X _____
Parent/Custodian/ Guardian Signature Date

PERMISSION TO USE STUDENT IMAGE (Pre K-12)

I grant permission for the use of my child's name to be used with their image or likeness in school publications, videos, and web sites.

X _____ X _____
Parent/Custodian/Guardian signature Date

PLEASE FILL OUT OTHER SIDE

**7-12 GRADE ATHLETIC ELIGIBILITY
INFORMATION**

****ALL ATHLETES MUST COMPLETE THIS
SECTION****

ASSUMPTION OF RISK FORM

This form does not release the school from any negligence. However, this form, with your signature, verifies that you are aware that various injuries do occur, and that there is always a risk of serious injury, paralysis, and even death while participating in athletics.

X _____
Signature of Parent/Guardian/Custodian

INSURANCE WAIVER

Boys Sports: Baseball, Basketball (JH & HS), Cross Country (JH&HS), Football (JH&HS), Golf, Track (JH&HS) and Wrestling (JH&HS)

Girls Sports: Basketball (JH&HS), Cross Country (JH&HS), Softball, Track (JH&HS), Volleyball (JH&HS), Cheerleading (JH&HS)

I know that the medical insurance program that I now have is sufficient and will cover any injuries. I will assume all responsibilities in case of injury or accidental death sustained by my son/daughter during participation in any sport or activity for North Baltimore Local Schools.

X _____
Student's Name

X _____
Coverage Provider

X _____
Policy Number

X _____
Signature

**7-12 Grade Drug / Alcohol Informed Consent Agreement
ALL ATHLETES/EXTRA CURRICULAR PARTICIPANTS MUST
COMPLETE THIS SECTION**

We hereby consent to allow the student named on this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedures for Drug Testing in the North Baltimore student handbook.

We understand that testing will be administered in accordance with the guidelines of the North Baltimore Local Schools District Drug, Tobacco, and Alcohol Testing Procedures for students.

We understand that any urine sample taken for drug testing will be tested only by a certified laboratory.

We hereby give our consent to the laboratory selected by the administration, its employees, or agents, together with any clinic, hospital, or laboratory designated by the selected laboratory to perform urinalysis testing for the detection of drugs or banned substances.

We further give our consent to the laboratory, its employees, or agents to release all results of these tests to designated School District employees. We understand that these results will also be made available to parents, guardians, or custodians upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the North Baltimore Local Schools Board of Education and its employees from an legal responsibility for the release of such information and records.

This will be deemed a consent pursuant to the Family Educational Rights Privacy Act of 1974, 20 U.S.C. 1232g as amended and Ohio Revised Code 3319.321, For the release of the test results as authorized by this informed Consent Agreement or as required by law.

I, the student, and the parent have received, read, and understand the student handbook completely.

AS A STUDENT I understand and agree that participation in extra curricular activities is a privilege that may be withdrawn for violations of the North Baltimore School District Drug, Alcohol, and Tobacco Testing (DATT) Policy for students grades 7-12.

I have read the DATT Policy in the handbook thoroughly and understand the consequences that I will face if I do not honor my commitment to the DATT. I understand that when I participate in any extra curricular program, I will be subject to random urine drug, alcohol, and tobacco testing, and if I refuse I will not be allowed to practice or participate in any extra curricular activities. I have read the informed Consent Agreement and agree to its terms.

I understand this agreement is binding while I am a student in the North Baltimore Local School District

X _____
Signature of Student

AS A PARENT I understand and agree that participation in extra-curricular activities is a privilege that may be withdrawn for violations of the North Baltimore School District Drug, Alcohol, and Tobacco Testing (DATT) Policy for students grades 7-12.

I Pledge to promote healthy lifestyles for all North Baltimore Local Schools' students. I understand that when my child participates in any extra-curricular program, he/she will be subject to random urine drug, alcohol, and tobacco testing, and if he/she refuses, he/she will not be allowed to practice or participate in any extra curricular activities. I have read the informed Consent Agreement and agree to its. Terms.

I understand this agreement is binding while he/she is a student in the North Baltimore School District

X _____
Signature of Parent