<u>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - ATHLETICS</u>

PLEASE PRINT							
STUDENT'S NAME	TUDENT'S NAME		DATE OF	DATE OF BIRTH		TODAY'S DATE	
and all emergency, med	dical, surgical, icensed physic	dental or hospital care ian or dentist. Such o	of treatment while coach or administ	a student atesponsibility for supervising e s/he is on an athletic trator is fully authorized to ection therewith.	ip. Such treatm	ent is to be rende	red by, or under the
Signature of Par	rent or Legal G	uardian	Home Addr	ress		Home Ph	one Number
Name of Father	's Place of Emp	loyment	Address		·	Phone Number	Pager/Cell Phone
Name of Mother	's Place of Emp	oloyment	Address		·	Phone Number	Pager/Cell Phone
Medical-Hospital Insurar	nce Company	Name of Subscriber	Address	Phone Number	Contract Date	Group Number	Service Number
Contract Number School	_N Pleas ol Insurance?	se list any allergies you	r child has:	F	Please note other	special needs (di	etary, medical, etc.):
*Both parents are to sign	n where applica	ble.	EMERGEN	ICY INFORMATION			
Name of Physician IF UNABLE TO CONTA			Telephone	Name of Dentist	Addı	ress	Telephone
1)		 		or 2)			
Name	Address	3	Telephone	Name	Addı	ress	Telephone

WAIVER OF LIABILITY - ATI	ILETIC TRIPS	Parent Permission			
In consideration of my daughter/son being proparticipate in an officially sponsored and approxims/her traveling to and from athletic competition any right or cause of action, of any kind what such activity form which any liability may or Pointe Public School System, or School Sychaperones, except to the extent that any dama a cause may be covered by the School	red athletic trip, which involves ns and events, I hereby waive isoever, arising as a result of could accrue to the Grosse stem personnel or the adult ages related to such a right or	has my permission to take part in a STUDENT NAME - PLEASE PRINT district-approved sport or club sport and to accompany the team to all away games and district-approved out-of-town trips for team events. Students may travel by automobile, van, bus, airplane, or other public/commercial carrier.			
insurance. BEHAVIOR AGREEI	MENT	Code of Conduct			
All educational/athletic trips require cooperated behavior on the part of each participant, for the an educational trip, students are required to a Code (as it appears in the student handbook student Conduct and Discipline-Athletics rules. Any student using or possessing alcohol, tobar medications as listed on the MEDICAL I automatically be sent home at the parent's expresponsible adult has been contacted.	ion, responsibility, and good good of all involved. While on bide by the Student Behavior or rules), as well as in the cco, or other drugs (excepting NFORMATION SHEET) will	I understand that participation in athletics is a privilege and that all athletes are subject to the athletic code of conduct from the moment they begin participation in athletics until graduation. I further understand that the policy regarding substance abuse is in effect for 365 days a year and includes violations which occur off school grounds. I realize that consequences for substance abuse include, (but are not limited to), twenty percent (20%) suspension from contests (1st offense), forty percent (40%) suspension from contests (2nd offense), and permanent suspension from all involvement in athletics (3rd offense). All consequences include a counseling requirement provided by the school district.			
I, the undersigned, understand the above, real and agree to cooperate.	ze the necessity for the rules,	Signature of Parent or Guardian	Date		
Student Signature	Date				
,		Signature of Parent of Guardian	Date		
Parent/Guardian Signature	Date				