

Billings Public Schools
Information Card (Non-Athletic Activities)

Expiration Date _____

School: (Circle One) CR LC RIV WJ MC SENIOR SKYVIEW WEST CC

Year in School: 7 8 9 10 11 12

A. STUDENT INFORMATION

NAME _____

SEX: M F (circle one) Birthdate _____ Student ID# _____ Today's Date _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Address _____ City _____ State/Zip _____

Emergency Contact _____ Emergency Contact Phone _____

B. PARTICIPATION PERMISSION

Please initial the applicable activity: _____ Forensics _____ Orchestra _____ Band _____ Chorus _____ Other _____
I/We give our permission for _____ to participate in the activities checked above. We understand that while involved in the activity, including related trips, our son/daughter is subject to all school and activity program policies and guidelines. I also understand that it may be necessary for students to provide their own transportation to some events and/or practices. In these situations, the parent and student are responsible for safe travel.

C. WAIVER OF LIABILITY

I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representative thereof, as well as supervisors, coaches, and directors, from and against any claim which the above named student. I/We, any other parent or guardian, any sibling, or any other person, firm or corporation may have claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumption of risk, I/we are waiving all rights that the above named student. The above waivers are extended to the fullest limits permitted by law.

D. CHEMICAL USE POLICY

I understand that Billings Public Schools has a Chemical Use policy which prohibits the use of covered chemicals from the first day of fall practice to and including the last day of school. I have read the policy and understand its expectations.

E. EQUIPMENT RESPONSIBILITY

I agree to be responsible for the safe return or replacement of all equipment issued by the school to the above named student.

F. EMERGENCY MEDICAL SERVICE

If emergency service involving medical action or treatment is required and the parent(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician _____

Phone Number _____

Hospital Preference _____

G. INSURANCE

I understand that Billings Public Schools carries a medical insurance policy which covers participants. I also understand that it is limited in coverage and is most effective as a secondary coverage policy. My son/daughter is also covered by our family medical policy with the company listed below (mark NA if not applicable).

Company Name _____

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH G.

Parent/Guardian Signature _____ Date _____

Player (student) Signature _____ Date _____

Please also complete other side.

MEDICAL HISTORY (To be completed by parent)

The questions listed below are to help evaluate your son or daughter's physical condition to participate in the activities program. A positive answer does not mean disqualification.

	Yes	No	Comments
1. Have there been any broken bones? If so, list the bone(s) and year	_____	_____	_____
2. Has candidate ever had any trouble with his/her knees? If so, when?	_____	_____	_____
3. Has he/she ever had any hip trouble? If so, when?	_____	_____	_____
4. Has he/she had any elbow or shoulder trouble? If so, when?	_____	_____	_____
5. Has the candidate ever had an operation? If so, state the operation.	_____	_____	_____
6. Does he/she incline to bruise easily? If yes, is there a a tendency to bleed easily?	_____	_____	_____
7. Has the candidate ever experienced fainting spells or seizures? If so, state when they have occurred.	_____	_____	_____
8. Has the candidate ever experienced a head concussion? If so, when? What were the circumstances?	_____	_____	_____
9. Has the candidate ever been knocked unconscious as a result of an accident?	_____	_____	_____
10. Does he/she complain of headaches, particularly after exercise?	_____	_____	_____
11. Is there a history of high blood pressure? If so, state the year.	_____	_____	_____
12. Does the candidate wear glasses for near sightedness?	_____	_____	_____
13. Has there been a history of rheumatic fever or other present conditions?	_____	_____	_____
14. Has the candidate experienced any kidney disease? If so, State when. Have there been recurrences?	_____	_____	_____
15. Is there a record of diabetes? If so, does the student take Insulin?	_____	_____	_____
16. Has the candidate had a tetanus booster within the past two years?	_____	_____	_____
17. Has he/she been immunized for (MMR) measles/mumps/ rubella? If so, when?	_____	_____	_____
18. Is he/she currently taking medication? If so, please list What they are and in what dosages.	_____	_____	_____
19. Please list any allergies or reactions (i.e. bees stings, penicillin)	_____		