

**SPAULDING HIGH SCHOOL
ATHLETIC PERMISSION**

2018-19

STUDENT ATHLETE NAME: _____ **DATE OF BIRTH** ___/___/___

SPORTS: _____, _____, _____

I confirm that my son/daughter is enrolled as a **FULL-TIME STUDENT** at Spaulding High School. (Home study students require documentation from the State of Vermont Agency of Education **PRIOR** to beginning any activity. Please contact the Athletic Director for more information.)

I give permission for my son/daughter to **PARTICIPATE** in the above noted school-approved interscholastic athletic activities (except those prohibited by an examining physician), and permission to accompany his/her team on out-of-town trips. I confirm that my son/daughter has **HEALTH** insurance.

I have **READ, UNDERSTAND, AND AGREE TO FOLLOW** all Spaulding High School Extra-Curricular Athletic guidelines – policies – procedures. In addition, I will support the school administration, Athletic Director, coach(es), team captain(s), and teammates in working to fulfill their potential.

I acknowledge that injuries can (and probably will) occur during practices, games, and while interacting with fellow student athletes. All costs associated with medical care, emergency medical transportation, medication, rehabilitation or therapeutic treatment must be paid through the student athlete’s health and accident insurance carrier. **Spaulding High School will NOT accept responsibility** for any payment, co-payment, deductible or related expenses. In case of medical emergency, I grant permission for Spaulding High School personnel **to secure medical treatment** for my child.

I grant Spaulding High School Athletic Staff permission to obtain medical history (including, but not limited to, information from hospitals, physicians, or other health care provider concerning illness or injury to my child, as well as any health care concerns as might be necessary for the proper management of my child’s illness or injury) and treat any injuries that my child sustains while participating in school-approved athletic activities. I understand that the Athletic Staff will perform only those procedures that are within their training and scope of professional practice to prevent, care for, and rehabilitate athletic injuries. If further measures are necessary, then parents/guardians will be informed.

I give consent for Spaulding High School Athletic Staff to release information to coaches, emergency personnel and other medical professions (as appropriate) for the purpose of communicating the nature and status of an injury and/or treatment of my child. I permit the Spaulding High School Athletic Staff to make decisions regarding my child’s return to play. I understand that Spaulding High School will not release records to third parties without my consent, unless such release is required or permitted under applicable law(s).

I have **READ** about and **UNDERSTAND the signs and symptoms of a concussion**. I understand what I should do if my child has a concussion, or if I suspect my child has a concussion. Furthermore, I have read and understand the return to learn and return to play procedures, and I understand that the Athletic Trainer will make the **final determination** for my child to return to play after a concussion.

Occasionally, Spaulding High School uses pictures/video images of students in promotional materials, newspaper articles, or newsletters. I grant permission for the school to display my son’s/daughter’s image in publications and/or broadcasts.

Student athlete signature

date

Parent Guardian signature

date

2018-19