

FRYEBURG ACADEMY

ATHLETIC CONSENT FORM

ATHLETE EMERGENCY INFORMATION

Student Name: _____ Grade: _____ DOB: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Parent Cell: _____ Parent Email: _____

Parent/Guardian Name: _____ Emergency Contact (P): _____

Family Physician: _____ Phone: _____

Allergies/Medical Conditions/Medications: _____

Sport related Injuries we need to be aware of: _____

Medical Insurance: _____ Policy No.: _____

INSURANCE IS REQUIRED BEFORE PARTICIPATION AND MUST HAVE THE POLICY NUMBER BEFORE YOUR STUDENT CAN PARTICIPATE.

This information will only be shared with emergency medical personnel, the athlete's family physician, or other medical professionals involved with the direct care of the athlete. This information will only be shared on an as needed basis for a period not to exceed one calendar year. I understand that I may revoke this consent with written notification; however, no athlete will be eligible to participate in Fryeburg Academy athletics without this consent. I hereby give consent to the team coach, athletic trainer and the school nurse to provide care and treatment of athletic injuries and condition within the scope of their certification and/or licensure.

If I cannot be reached in an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery that is deemed advisable for the welfare of the above named participant.

FRYEBURG ACADEMY – ACTIVITY PARTICIPATION AND PARENTAL APPROVAL FORM

This application to participate in activities for Fryeburg Academy is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the school system.

I hereby give my consent for the above mentioned student to: 1) represent his/her school in activities, 2) accompany any group of which he/she is a member on any local or out-of-town trips. I authorize the school or its agent to obtain through a physician of its choice any emergency medical care that may become necessary for the student in the course of such activities and travel.

***I am also giving consent for my student to participate in the ImPACT Concussion Management Program as described in the Athlete Handbook.**

***You are acknowledging that you have been properly advised, cautioned and warned by the proper administrative and coaching personnel of Fryeburg Academy that by participating in supervised school athletic programs, your child is exposing him/herself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete, impairment in the use of limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my child's desire to participate in supervised school athletic programs, and should they choose to participate they hereby further acknowledge that they do so with full understanding and knowledge of the risk of serious injury to which they are exposing themselves through participation.**

I hereby acknowledge that I have been given a copy of the Fryeburg Academy Athletic Handbook and I acknowledge that I have carefully read and will abide by the regulations that are contained within the code.

Parent/Guardian Signature _____ Date _____

The above signature covers the student for the school year of the date from which the form has been signed.