

EAST RAMAPO CENTRAL SCHOOL DISTRICT
Spring Valley, New York

INSURANCE AND HEALTH INFORMATION, TETANUS IMMUNIZATION AND PARENT'S
CONSENT

Dear Parent:

All interscholastic sports are supervised by qualified coaches and every precaution is taken to guard against injury. THE BOARD OF EDUCATION MAINTAINS A PROGRAM OF LIMITED INSURANCE BENEFITS TO HELP DEFRAY MEDICAL AND HOSPITAL COSTS RESULTING FROM ACCIDENTAL INJURY TO ATHLETES. THIS INSURANCE IS APPLICABLE **ONLY IN EXCESS OF BENEFITS PROVIDED UNDER YOUR PRIVATE OR EMPLOYER'S HEALTH INSURANCE COVERAGE.** In other words, should there be an injury to an athlete, **your family insurance pays the initial costs.** Details of the plan may be obtained at the district's Insurance Office, 577-6367.

In all supervised sports programs, there are risks for all athletes. Even when skills are performed properly, an athlete may sustain an injury. Due to the nature of many sports, an athlete wearing proper safety equipment can still sustain an injury.

No student may try out, practice or participate without a current physical and parental permission slip.

Individuals with a specific physical or medical condition may be disqualified from certain sports, particularly contact competition. In this regard, the school physician will follow State Education Department guidelines. Students may be permitted to have their physical completed by their private physician. **

School physicals will be given prior to the start of each sport season. One physical examination will suffice for one year from date of physical unless illness or injury intervene.

Parents must complete and return this form.

Immunization against tetanus (lockjaw) is required for all athletes participating in interscholastic sports. The player must be fully protected before training begins. Complete tetanus immunization requires a booster injection within 10 years of the time of sports participation and adequate prior to immunization such as infants and children receive in the form of the DPT or "3-in-1" shots. If an athlete has never been protected against tetanus, a series of three monthly injections of toxoid are necessary. Inoculations may be administered by your family physician or the Rockland County Health Department, 364-2520 or 2521.

*****All private physicals must be approved by a school district physician.***

Please complete and sign the back of this form and return to school nurse.

NAME _____
(print) First, Last

_____ SCHOOL

_____ GRADE

HOMEROOM TEACHER

HOME PHONE

EMERGENCY PHONE

I HAVE READ AND UNDERSTAND THE STATEMENT AND RISKS.

I HEREBY GIVE CONSENT FOR _____ TO PARTICIPATE IN
Name of student (please print)

_____ ADDRESS : _____
SPORT

Physical/Medical conditions of which health staff should be aware (If none, so state):

PARENTS PLEASE CHECK ONE:

_____ PRIVATE PHYSICAL

_____ SCHOOL PHYSICAL

Signature of Parent/Guardian

Date

PARENTS: PLEASE NOTE THAT A SEPARATE PERMISSION SLIP IS REQUIRED FOR EACH SPORT.

STUDENTS: RETURN COMPLETED AND SIGNED FORM TO SCHOOL NURSE.

llo
revised 10/18
fn: permission slip