St. Maries High School

Athletic Assurances

(2-Sided Form)

1. Health Insurance

I understand that my child cannot participate in high school athletics unless he or she is covered by health insurance. Please check one of the options below.

☐ I DO NOT wish to have my child enrolled in the school insurance plan because he or she is adequately covered by _____.

Name of Insurance Provider

☐ I DO wish to have my child enrolled in the school insurance plan because he or she is not covered. (Please provide a copy to the school)

2. ABSENCES & PARTICIPATION IN ACTIVITIES

A student who is absent during any part of the day and is scheduled to participate in an evening performance, function, athletic event or practice may not participate unless the absence is prearranged at least two days in advance.

3. STUDENTS SIGNING OUT OF AWAY GAMES

A student who is traveling on the bus to an away event must be signed out by a parent or legal guardian if they are not riding the bus home. The parent/legal guardian must be present at the time of sign-out. If legal parent/guardian wishes for another individual to sign their child out of an away game, they must complete the Alternate Transportation form at least two days prior to the event.

4. CO-CURRICULAR STUDENT ACTIVITY CODE

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I herby agree to accept and abide by the standards, rules, and regulations set forth by Joint School District No. 41 and the sponsors of the activity in which I participate. I have received and understand the Co-Curricular Activities Code.

This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above.

_____ Print Student Name

_____ Print Parent/Guardian Name

_____ Student Signature

_____ Parent/Guardian Signature

_____ Date

_____ Date

PLEASE TURN OVER AND COMPLETE OTHER SIDE

5. CONSENT FOR DISCLUSURE OF PROTECTED HEALTH INFORMATION

I, (as the parent or legal guardian) of _____, hereby authorize physicians, sports medicine staff, and other health care professionals representing Benewah Community Hospital to release information regarding my child's protected health information and any related information regarding any illness or injury during training for, and participation in school athletics. This protected health information may concern medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released pursuant to this consent. This protected health information may be released to other healthcare providers, parents/guardians, hospital and/or medical clinic and laboratories, insurance carriers, and medical supply vendors.

I understand the protected health information is protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPPA) and may not be disclosed without my authorization under HIPPA.

I understand that I may revoke this authorization/consent at any time by notifying in writing Benewah Community Hospital.

_____	_____	_____
Name of Student	Signature of Student	Date
_____	_____	_____
Date of Birth	Signature of Parent/Guardian	Date

6. RULES FOR PROPER USE OF HELMET (FOOTBALL ONLY)

The paragraph below is a statement to each player regarding the proper use of his/her helmet. This paragraph is stamped INSIDE each helmet and is required reading by each player. If after reading the paragraph below, you do not fully understand its content or have any questions, please see the head coach for clarification.

"DO NOT USE THIS HELMET TO BUTT, RAM, SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH CAN RESULT IN SEVERE HEAD OR NECK INJURY, PARALYSIS, OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT. NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL."

_____	_____
Print Student Name	Print Parent/Guardian Name
_____	_____
Student Signature	Parent/Guardian Signature
_____	_____
Date	Date

PLEASE TURN OVER AND COMPLETE OTHER SIDE