



# Emergency Medical Information & Activity Consent Form

**For Elementary Intramural and Interscholastic Athletics**

<b>Name of Activity</b>	<b>Student Name</b>
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**Parent/ Guardian Permission to Participate:**

I hereby give permission for the above-named student to engage in Fairbanks North Star Borough School District approved Elementary intramural and interscholastic athletic activities. I understand that the Fairbanks North Star Borough School District does not carry insurance for accidental injuries sustained in Elementary intramural or interscholastic sports events.

**Parent/ Guardian Medical Consent:**

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above-named student, by a physician, qualified nurse, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. Further, I hereby waive, on behalf of myself and the above-named student, any liability of the School District, its agents, or employees arising out of such medical treatment.

**Parent/ Guardian and Student Rule Awareness verification:**

I have read and understand the rules, regulations, policies, and responsibilities as stated in the district's Student Rights, Responsibilities & Behavioral Consequences Handbook and the penalties for violation of them. I understand and accept these rules, regulations, policies, and accompanying penalties as conditions for participation.

**Parent/ Guardian and Student Risk Awareness Verification:**

I understand and acknowledge that organized athletics involve the potential for injury, which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

**Student Hazing Awareness Pledge:**

I promise not to be involved in any hazing/ harassment incident, no matter how minor it may seem. I understand that I may be suspended or expelled from the team and/or school for any incident as a result of my participation or being an idle witness.

**EMERGENCY MEDICAL AND CONSENT INFORMATION (PLEASE PRINT CLEARLY)**

Student Name		Parent/ Guardian Name for above-listed student	
Mailing Address		Residence Address	
Parent/ Guardian Phone #s	Home Phone	Work Phone	Cell Phone
Emergency Contact if parent/ guardian is not available:	Name of Contact		Phone
Name of Student's Medical Doctor			Phone
Name of Student's Dentist			Phone
Name of Insurance Co.		Policy Number	
Any Medical Conditions?			
Any Medications?			
Any Allergies?			
<b>In case of any medical emergency, I authorize a school district employee to take my son/ daughter to the nearest medical facility for necessary treatment. We, the undersigned, acknowledge that we have read and understand all aspects of this form, including all the above parts and grant permission and consent as required.</b>			

Parent/ Guardian Signature	Date	Student Signature	Date
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*White: School*

*Yellow: Sponsor*

*Pink: Nurse*

*Goldenrod: Parent*