



Emergency Medical Information & Activity Consent Form

For Elementary Intramural and Interscholastic Athletics

Name of Activity	Student Name
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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 consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, qualified athletic trainer, other qualified medical professional or hospital in the event of an injury or illness. I hereby accept financial responsibility of the above student in the event of injury or illness. I hereby waive on behalf of myself and the above student any liability of the Fairbanks North Star Borough School District and its offices, agents, or employees for injuries sustained in the interscholastic program.

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

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?			
In case of any medical emergency, I authorize a school district employee or agent 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. I verify that the information provided is true and complete.			
Parent/ Guardian Signature		Student Signature	
Date		Date	

8/9/16

White: School

Yellow: Sponsor

Pink: Nurse

Goldenrod: Parent