



Student and Parent / Guardian

Activity Consent & Emergency Medical Info. Form

for ASAA or Approved Interscholastic or Extracurricular Activities

Name of Activity _____

Student Name _____

Parent/ Guardian Permission to Participate:

I hereby give permission for the above-named student to engage in ASAA or Fairbanks North Star Borough School District approved interscholastic activities as a representative of his/her school. I also give my consent for this student to accompany the team or group as a member on its out-of-town trips

Activities Handbook, and the coach and school rules and regulations. The coach may add specific rules and regulations for his/her sport/activity. These rules and regulations may be presented verbally or in written form. I understand that the student will not be permitted to participate until both the parent and the student have provided any required *Verification of Receipt of Information Concerning Concussion*.

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 Risk Awareness Verification:

I understand and acknowledge that organized secondary 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.

Parent/ Guardian and Student Rule Awareness verification:

I hereby consent to abiding by the ASAA rules and regulations including the ASAA Code of Conduct, the Fairbanks North Star Borough School District regulations including those in the 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?			
<p>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 hereby authorize release of the above student's required physical examination record to the school in which the student is enrolled. This confidential information may be shared with the coach, activities coordinator, athletic trainer or other health care professional who provides services to the student pursuant to above medical consent. I verify that the information provided is true and complete.</p>			

Parent/ Guardian Signature _____ Date _____

Student Signature _____ Date _____