

KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
ATHLETIC PERMISSION FORM

Student Name: _____ Grade Level _____

Address: _____ Zip Code: _____ Birth Date: _____

Telephone () _____ Cell Phone () _____

School _____

Health Insurance Carrier: _____ Policy Number: _____

Permission to Participate

I hereby give my permission for the above-named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with building athletic director. Plus, this form serves as a notification of parental (guardian) permission to participate in the sport of: _____.

Responsibility to Return All School-Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse KUSD#1 in a timely fashion could affect my son/daughter's athletic eligibility.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that KUSD #1 will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in the KUSD #1 Athletic Program.

Parent/Guardian Signature

Date

Student-Athlete Signature

Date

Emergency/Health Form - Kenosha Unified School District No. 1

Sports:

Student Last Name	First Name	Middle Name	Birthdate	School	Grade	Parent's eMail Address	Cell Phone
Student Address (check if new) <input type="checkbox"/>	City	State	Zip Code	Home Phone (check if unlisted) <input type="checkbox"/>	Family doctor's Name	Doctor's Phone	Child's Dentist Dentist's Phone
Parent/Guardian Name	Address	City	Home Phone	Child Lives with Y/N	Employed By	Work Phone and shift hours	
Parent/Guardian Name	Address	City	Home Phone	Child Lives with Y/N	Employed By	Work Phone and shift hours	

Please list additional emergency contacts below in the order you wish them to be called:

Name	Address	Home Phone	Work Phone and Extension	Relationship to Student

Confidential Health Information If your child's doctor has told you your child has any of the problems noted below, please "X" all that apply and answer questions related to problem.

My child has no known health problems **MY CHILD'S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING**

Attention Deficit Disorder with or without hyperactivity Does your child have a form of Autism? If yes, describe _____

Allergies, Types: Foods, list foods: _____
 Bees/Wasps/Other Insects Latex/Rubber Allergies to Medications: (List here) _____
 Other, please describe _____

Asthma or other breathing problems, describe: _____

Conditions or problems that affect walking or movement, describe: _____

Cancer, Type: _____

Birth Defects, list/explain: _____

Blood Disorder other than HIV/AIDS (i.e. Sickle Cell), describe: _____

Diabetes. (Circle) Type I or Type II List types of insulin, dose and times taken on back. Elevated Lead Level

Emotional/Psychological problems, describe: _____

Heart Condition, describe: _____

Organ Transplant, list organ: _____

Seizure Disorder, describe type: _____

Swallowing, Stomach or Intestinal disorders: _____

Vision, Hearing or Speech problems, describe: _____

Other, describe: _____

Currently in: Treatment Remission

*****LIST ALL MEDICATIONS AND/OR TREATMENTS ON THE BACK OF THIS FORM*****

If my child becomes ill at school and you cannot reach me by phone, the principal or his/her designee has permission to contact any of the emergency contacts listed above. You have our permission to contact the Student's Physician for consultation if needed. If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are the responsibility of the Parent/Guardian.)

STUDENT NAME: _____

MEDICATION (List names of all medications child takes, doses and times given):

Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Medication forms may be obtained from the school office.

<u>MEDICATION (name)</u>	<u>DOSE</u>	<u>TIME OF SITUATION</u> (When Given)	<u>WHO ADMINISTERS</u> (Child/Adult)	<u>WHERE KEPT</u> (Home/School/Backpack...)
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				