

MT. PLEASANT COMMUNITY SCHOOL DISTRICT
AUTHORIZATION TO CONSENT TO TREATMENT

Below is a form for parental authorization for treatment of a minor. On occasions an athlete may sustain an injury which will require treatment at practice, in a contest, or on a road trip. Without a consent form it is impossible to receive the necessary treatment without contacting the parent. This is oftentimes difficult and delays the treatment. For that reason, it is important that you as a parent or guardian sign and return this form. Every effort will be made to inform the parents of such injuries as soon as possible

Student's Name _____
Last First Birth Date Grade
(A copy is to be kept on file by the coach and taken to all practices and games.)

I, We the undersigned, parent/guardian of _____, a minor, do hereby give permission and/or consent for emergency medical care and/or treatment as my child might require. Consent is given to any licensed physician and/or surgeon called upon to whom our child is taken for treatment by them or to administer drugs or medicine, x-rays, anesthetic, and perform such medical and/or surgical procedures as he/she think the existing emergency requires for the relief of pain and to preserve life and health. I also agree to pay all the cost and fees contingent to any emergency medical treatment for my child as secured or authorized under this consent. I have health insurance for this purpose.

Parent/Guardian Signature Address Phone

Emergency Contact Phone

Alternate Emergency Contact Phone

MT. PLEASANT COMMUNITY SCHOOL DISTRICT
ATHLETIC INSURANCE COVERAGE

Check only the one box that applies and fill in appropriate information.

We, the undersigned have an insurance policy in force to adequately cover our son/daughter while participating in school sponsored interscholastic athletics. The name of the insurance company is _____

We, the undersigned, elect **not** to carry **any** (no school insurance or any other) insurance for our son/daughter while participating in school sponsored interscholastic athletics.

Student's Name Grade

Parent/Guardian Signature Date

OVER, signatures needed

GOOD CONDUCT POLICY ACKNOWLEDGEMENT

Participation in school activities is a privilege. School activities provide the benefits of promoting additional interests and abilities in the students during their school years for a lifetime. Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from school or at school. Students who wish to have the privilege of participating in extracurricular activities must conduct themselves in accordance with board policy and must refrain from activities that are illegal, immoral, unhealthy, or highly inappropriate. Students who fail to abide by this policy may be subject to disciplinary measures.

I have received a copy of the Extracurricular Activities Eligibility Rules from the Mt. Pleasant Community School District. My signature indicates that I have read and understand the policy.

Participation is allowed only after this form is signed and returned to the sponsor/coach of the activity or the activities office.

Student Signature

Date

Parent/Guardian Signature

Date