

**QUAKER VALLEY SCHOOL DISTRICT
ATHLETIC DEPARTMENT
CONSENT FOR MEDICAL-SURGICAL CARE & TREATMENT**

Student **may not** participate without appropriate signatures.

Parental Waiver/Release

Note to all parents and guardians: This form authorizes an emergency facility to provide care and treatment for your child in your absence. Please complete all portions, and provide it to baby-sitters, relatives, neighbors and anyone who might give care to your child. Your child's caregiver should present it upon arrival at the emergency facility.

WARNING AND NOTIFICATION OF RISK

Playing, practicing or participating in a sport can be a dangerous activity involving risk of injury. There is no limitation to the nature or severity of the possible injuries in some sports. Some sports injuries can result in serious, permanent impairment or be life threatening. Unfortunately, injury may occur simply due to the nature of the sport without the occurrence of any unusual event and without fault.

I have read the above WARNING. I am aware and understand the risks of practicing, participating in and playing interscholastic activities. I recognize the importance of following the coaches' instructions regarding the activity.

Signature of Student _____

We/I hereby give consent to _____, who will be
Name of Person/Agency
caring for our/my child _____ for the period of
Name of Child
of _____ to _____, to arrange for routine or emergency
diagnostic procedures and treatment of our/my child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with the care and treatment rendered during this period.

Date Signature of Parent/Guardian Signature of Parent/Guardian
(PLEASE PRINT)

Student's Health History

Allergies _____
Medications (dosage & frequency) _____
Last tetanus or DPT immunization _____
Current or chronic illnesses _____
Pediatrician/family physician _____ Phone _____

Additional Information

Address _____
Phone _____ Student's Birth Date _____
Health Insurance Carrier _____ Group # _____
Address _____ Agreement # _____
Employer _____
Address _____

(Attachment E)