

Fort Dodge Community School District Medical Consent Form - Football

Student: _____

Permission is hereby granted to the attending physician to proceed with any medical minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to the advisor/coach to provide the needed emergency treatment to the student prior to his/her admission to the medical facility.

Parent/Guardian Home Phone _____

Parent/Guardian Work Phone _____

Parent/Guardian Cell Phone _____

Name of Family Physician _____

Doctor Phone Number _____

Insurance Company _____

Policy Number _____

Any Physical Problems We Should Be Aware Of _____

Signature of Parent/Guardian _____

Date _____

Guardian and Participant Football Release

The undersigned is aware that football is a violent contact sport and a dangerous activity involving risks of serious bodily injury and death. The dangers and risks of playing or practicing football could result not only in serious injuries, but in a serious impairment of my future abilities to enjoy life and earn a living. I further recognize the importance of following the instructions of all coaches regarding playing techniques, training and team rules, and I agree to obey such instructions.

In consideration of the FDCSD permitting me to try out for the FDSH football team and to engage in all activities related to the team, I hereby assume all the risks associated with football and agree to hold the FDCSD, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the FDSH football team due to negligence or any other fault of any person or entity. The terms hereof shall serve as a voluntary release and assumption of risk for my heirs, estate, executor, administrator, assignees and for all members of my family.

I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS.

Student _____ Date _____

I AM THE PARENT/GUARDIAN OF ABOVE NAMED STUDENT. I HAVE READ THE ABOVE WARNING AND RELEASE AND UNDERSTAND ITS TERMS. I UNDERSTAND THE RISKS INHERENT IN PARTICIPATION IN ATHLETICS.

Parent/Guardian _____ Date _____