

Fort Dodge Community School District Medical Consent Form - Non-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 Acknowledgement of Risk and Release - Non-Football

It is a matter of common knowledge that participants in athletics may injure themselves and each other, and that no amount of precaution or supervision on the part of parents, coaches and participants will necessarily avoid such injuries. While some injuries may be of an inconsequential nature, parents/guardians and athletes must also be aware that there is the possibility of severe injury and permanent disability due to participation in athletics. Injuries incurred in athletics can certainly be minimized by using good, sound preventative measures. Coaches' instructions regarding playing techniques, training and team rules and use of protective equipment must be followed.

In consideration of the FDCSD permitting me to try out for a FDCSD team and to engage in all activities related to the team, including but not limited to trying out, practicing or playing, I hereby assume all the risks associated with this sport 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 my participation in any activities related to my participation in this athletic activity 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 \_\_\_\_\_