

Dawson County High School Athletics

PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

Athlete's Name: _____

Dear Parent(s)/Guardian(s):

The school athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations; participate in all required physicals, report all physical problems to the coach or athletic trainer follow proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport.

It is the policy of the Dawson County School System that all athletic participants provide proof of insurance to participate in any form of athletics. The school's athletic program is not authorized to extend public funds for injuries. Thus it will be the responsibility of the parent or guardian to pay any cost for any injury that is not covered by insurance. Dawson County offers two insurance plans for its athletes:

- (1) 24 Hour School Insurance covers all varsity sports **EXCEPT FOOTBALL**.
- (2) Special Football Insurance covers only **FOOTBALL**.

NOTE: These are supplemental plans. This means that your personal insurance will be first liable for any expenses incurred and then the supplemental policy will help cover excess charges. Neither plan covers 100% of all charges and is restricted according to the policy.

PLEASE INITIAL EACH STATEMENT TO SHOW THAT THE STATEMENT HAS BEEN READ AND APPROVED

_____ I consent to have my son/daughter represent his/her school in approved athletic activities except those activities excluded by the examining doctor.

_____ I grant permission for my son/daughter to accompany any school team of which he/she is a member on out-of-town trips. The athlete will be transported to and from all events in school approved vehicles. Parent/Guardians wishing to have their son/daughter return with them must make prior arrangements with the coach, as well as, sign the athlete out at the site.

_____ In the event of emergency required medical attention, I understand every attempt will be made to contact me. In case I can't be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified facility. This authorization doesn't cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.

_____ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper source of such athletic activities or travel.

_____ I acknowledge and accept that there are risks of physical injury involved in athletic participation that may result in permanent paralysis, mental disabilities, and death.

I have read, accepted and approved each of the above statements:

Signature: _____ Date: _____
(Parent/Legal Guardian)

Signature: _____ Date: _____
(Parent/Legal Guardian)



ATHLETE INFORMATION



Name: _____ Birth Date: _____

Gender: (F) (M) Grade: _____ Sport: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Name of Parent/Guardian: _____

Address (if different from above): _____

Mother:

Father:

Home Phone #: _____ Home Phone #: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

PERSON OTHER THAN PARENT TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relation: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

FAMILY PHYSICIAN INFORMATION:

Physician Name: _____ Specialty: _____

Address: _____

Office #: _____ Emergency #: _____

INSURANCE COMPANY INFORMATION:

Primary: _____ Policy #: _____

Secondary: _____ Policy #: _____

Specific medication, allergies, and medical problems of the athlete:
