

# Sylvania Schools Athletic Department Emergency Medical Authorization

The purpose of this form is to enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.

Student Name:		Home Phone:	
Address:			
Grade:		Date of Birth:	Sport(s):
Custody is with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian, Name:			
Father's Name:		Daytime Phone:	
Father's Employer:		Work Phone:	
Mother's Name:		Daytime Phone:	
Mother's Employer:		Work Phone:	
Relative/Childcare Provider Name:		Relationship:	
Address:		Phone:	
Other Contact:		Phone:	

**PART I OR II MUST BE COMPLETED – DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

**Part I – Grant Consent:** In the event reasonable attempts to contact Parent(s)/Guardian at the numbers above have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred physician) or  
 Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred dentist) or  
 Medical Specialist \_\_\_\_\_, Phone \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ Phone \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
 \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II – Refusal to Consent:** I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions:

\_\_\_\_\_  
 \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign below to acknowledge consent for all sections listed on the reverse side.**

PARENT or GUARDIAN Signature \_\_\_\_\_ Date \_\_\_\_\_

STUDENT Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sylvania Schools Athletic Department Parental & Student Consent Form

**Student Athlete Pledge**—As a student, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the OHSAA, and I hereby accept the responsibility and privilege of good sportsmanship and of representing this school and community as a student athlete.

**Parent Pledge**—As a parent/guardian, I acknowledge that I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, officials and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our school, our conference and OHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent/guardian of a student athlete.

**Risk of Injury**—I acknowledge that I have been properly advised, cautioned and warned by the administration and/or coaching staff of Sylvania Schools that by participating in interscholastic athletics, I am exposing myself to the risk of serious injury. This could include, but is not limited to sprains, fractures, ligament and/or cartilage damage which could result in temporary or permanent, partial or complete, impairment of limbs, brain damage, paralysis or even death. I do desire to participate in athletics.

**Insurance/Assumption of Risk**—As parent/guardian, I give my permission for my child/ward to participate in athletics at Sylvania Schools. I understand the school district will make every effort to supervise my child/ward during practices and games so that s/he may participate without being injured, but acknowledge injuries including serious and permanent ones, and even death, are a possibility in interscholastic athletics. Understanding the risk involved, I consent to have my child participate in athletic department, programs and waive and forever release the Board of Education of Sylvania Schools, its officials, agents and employees from all liability for wrongful death, bodily injury or property damage that may result to my child during or as a result of interscholastic athletics. I understand the school assumes no financial responsibility in case of any injury.

## Code of Conduct

I have read, am aware of and understand the rules and regulations that govern the conduct of participants in the Sylvania Schools Athletic Program. The receipt of this code is my first warning, and it is in effect 365 days a year. If I choose to violate these rules and regulations, I understand I will be disciplined according to policy. I will abide by the Athletic Department Code of Conduct. By signing, I acknowledge that I understand my responsibilities and have read the rules with my parent/guardian.

## Ohio Department of Health Concussion Information

I acknowledge that I have received a copy of the concussion and head injury information sheet prepared by the Ohio Dept. of Health. I understand concussions and other head injuries have serious and possibly long-lasting effects, and that I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and the student's doctor. I understand that coaches, referees and other officials have a responsibility to protect the health of the student athlete and may prohibit the student from further participation in athletic programs until the student has been cleared to return by a physician or other appropriate health care professional.

**Parent Equipment Contract**—The athletic equipment listed below may be issued to your child/ward by the athletic department. By signing this contract, you and your child/ward agree to accept responsibility for this equipment and will return the equipment at the end of the season or pay the replacement cost as listed below.

Girls Tennis: top \$40

Cross Country: uniform \$40; shorts \$30

Volleyball: uniform \$40 each

Soccer: uniform \$40; shorts \$35

Football: uniform \$80; game pants \$50; helmet \$275; shoulder pads \$200; knee/thigh pads \$20

Golf: bag \$100

Basketball: uniform \$50; shorts \$45; warm-up jacket \$70; warm-up pants \$50

Hockey: TBD by coach

Wrestling: singlet \$60

Gymnastics: leotard \$100

Baseball: jersey \$85; pants \$40

Softball: jersey \$85; pants \$40

Boys Tennis: shirt \$40; shorts \$35

Track: jersey \$50; shorts \$35; singlet \$75

I do agree to pay the cost of equipment that was issued to my child/ward if it is not returned to the athletic department at the end of the season.