

ATHLETIC PERMIT

Student Athlete's Name (Please Print): _____ Grade in 2016-2017 _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the office.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian – please read the fact sheets regarding concussion and sudden cardiac arrest (available on NWMS webpage) and ensure that your student athlete has also read these fact sheets. After reading, please ensure that you and your student athlete sign this form, and have your student athlete return this form to the office.

Since the school offers a very extensive athletic program with little opportunity for financial return, I understand that the school cannot assume financial responsibility for hospital and medical cost. Therefore, I agree to assume full costs of medical and hospital bills for my child which are incurred by participation in the school athletic program including travel, practice, games and inter-school contests. If school authorities cannot contact me at the time of an accident, I hereby authorize them to contact a physician and/or hospital and request immediate treatment with the understanding that such authorization does not obligate the school for the financial responsibility of the same.

I further understand that the school makes available protective insurance that covers such participation, but it is my responsibility to make application for the insurance and pay the premium.

I shall expect the school to exercise every precaution to prevent an accident, but hereby release the school from the financial responsibility if an accident should occur.

I hereby give my consent for _____, a student at NorthWood Middle School, to participate in all interscholastic athletics and contest during the present school year. I give my consent for him/her to participate in the random drug testing. (Drug testing policy is in the student planner.)

Please list student's health conditions: _____

List any medications your child uses: _____

If medication(s) is necessary for athletic activities, please also complete Medication Authorization form, which is available in the school nurse's office.

As a student athlete, I have read both of the fact sheets regarding concussion and sudden cardiac arrest, available online or in office by request. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

_____ (student athlete signature) _____ (date)

I, as the parent or legal guardian of the above named student, have read both of the fact sheets regarding concussion and sudden cardiac arrest, available online or in office by request. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

_____ (parent/legal guardian signature) _____ (date)

Physician Certificate

B/P _____

Date _____, 20____

I have examined the heart condition, blood pressure, lungs and general physiological condition of _____, a student at NorthWood Middle School, and believe him/her to be physically fit to participate in all interscholastic athletics and contests, except _____ (sports) with students of his/her age, during the present school year. I have found this student to be free from serious heart or lung disorder, or hernia.

Physically fit to participate in interscholastic athletics?

Yes _____

No _____

If negative, please comment/recommendation:

Office Phone _____ Physician Signature _____
