

STUDENT'S NAME _____ STUDENT ID# _____

PARENT STATEMENT OF CONSENT FOR ACTIVITIES PARTICIPATION AND NOTICE OF PRIVACY ACT

I - I certify that this with full knowledge and consent that my child or ward as named above, whose date of birth is _____ may take part in any of the school sponsored activities including, but not limited to

Month Day Year

soccer, swimming, baseball, basketball, football, tennis, track, golf, band, cheerleading, volleyball, and cross country. (any activity not approved by the parent or guardian should be marked off this list) open to public participation at **Columbus Municipal Schools** during the 20____-20____ school year.

While I expect school authorities to exercise reasonable precaution to avoid injury, I understand that neither the Trustees of the Columbus Municipal School District nor any of its agents or employees are responsible for any injuries or damages sustained any child of ward as a result of or in any way connected with his/her participation in any of the above competitive sports or related activities. I agree that he/she may participate in such activities under these conditions.

II – The Family Educational Rights and Privacy Act of 1974 protects the rights of parents and students in a way not heretofore provided. The school from time to time will be making available to the news media and to the public in general, information about students who participate in athletics. The information may include such things as names, grades, height, weight, age, date, and place of birth, address, telephone number, honors, and awards received, etc.

Your signature below will indicate to the school principal that you consent that the name of your child or ward may be included on the list of any athletic team, event, program, or other information being made public as described above.

Signature of Parent or Guardian _____ **Date** _____

COLUMBUS MUNICIPAL SCHOOL DISTRICT INSURANCE STATEMENT

Please check one of the following and sign:

_____ My child has adequate coverage under our family health insurance policy and I take full responsibility for any injury my son/daughter receives while participating in any sport for the Columbus Municipal School District.

NAME OF INSURANCE COMPANY _____

_____ I wish to participate in the insurance program for varsity football at Columbus High. I will pay \$68.00 and Columbus High School will pay \$68.00, which will give my child coverage only in varsity football. This is not a major medical plan; it is only a supplement plan.

_____ My child has purchased the school day insurance plan which covers all sports **except** varsity football.

Parent/Guardian Signature _____ **Date** _____

MEDICAL CONSENT FORM

Permission is hereby granted to the attending physician to proceed with any medical or 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 that 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 or guardian as soon as possible. Permission is also granted to the coach and/or athlete trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of Parent or Guardian _____ **Date** _____

Phone Numbers where parents/guardians can be reached:

Home: _____ Work: _____ Cell #1: _____

Cell #2: _____ Other: _____ Other: _____

Name of Student's Doctor: _____ Phone: _____

FOR PHYSICIAN USE ONLY: Ht _____ Wt _____ Blood Pressure _____ Pulse _____ Date _____

| ORTHOPAEDIC EXAM | | Norm | Abnl | ORTHOPAEDIC EXAM (con't) | | Norm | Abnl | General Health Comments: | | | | | |
|------------------|--|------|------|--------------------------|-----------------|------|---------------|--------------------------|--|--|------|------|-------|
| I. | Spine/Neck | | | II. | Lower Extremity | | | FLEXIBILITY | | | | | |
| | Cervical | | | | Hip | | | | | | NECK | LEFT | RIGHT |
| | Thoracic | | | | Knee | | | | | | NECK | | |
| | Lumbar | | | | Ankle | | | | | | HIPS | | |
| III. | Upper Extremity | | | Feet | | | HAMS | | | | | | |
| | Shoulder | | | OTHER EXAMS | | | BACK EXT/FLEX | | | | | | |
| | Elbow | | | ENT | | | SHOULDER | | | | | | |
| | Wrist | | | Heart | | | QUADS | | | | | | |
| | Hand/Fingers | | | Skin | | | HEELCORDS | | | | | | |
| | Physician must sign below Indicating results of physical. | | | Lungs | | | Comments: | | | | | | |
| | | | | Abdomen | | | | | | | | | |
| Hernia | | | | | | | | | | | | | |

_____ From this limited screening I see no reason why this student cannot participate in athletics.

_____ Student needs further evaluation as described _____

