

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information may be shared with the educational team to best meet your child's needs.

Student Name _____

Address _____

Address Change Y N Birth Date _____

Phone # _____ Bus # _____

School District _____

School Attending _____

Sex M F Grade _____ Home Room _____**Residential Parent or Guardian:******Email:** _____

Mother _____ Day Ph # _____ Cell # _____

Father _____ Day Ph # _____ Cell # _____

Other Contact _____ Relationship _____ Ph # _____

Other Contact _____ Relationship _____ Ph # _____

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____

Phone # _____

Dentist _____

Phone # _____

Medical Specialist _____

Phone # _____

Hospital _____

Phone # _____

Check below any CURRENT health condition that may require attention during the school day:

- Allergies (be specific)
- Food _____ EpiPen ___ Yes ___ No
- Medicine _____
- Bee sting _____ EpiPen ___ Yes ___ No
- Other _____
- Asthma Uses emergency inhaler ___ Yes ___ No
Inhaler will be at school ___ Yes ___ No
- Cancer
- Diabetes
- Seizures
- Heart problems (be specific) _____
- Physical disability (be specific) _____
- List all medications and dosages your child receives on a continual basis: _____
- Other health conditions (be specific) _____
- Previous surgeries (include date) _____
- Previous concussion/head injury – year _____
- Hearing problems Has hearing aids ___ Yes ___ No
- Vision problems (be specific) _____
- Wears: Glasses Contacts
- ADHD
- Behavior/emotional problems _____
- Bleeding Disorder
- NO CURRENT HEALTH CONDITIONS**

PLEASE COMPLETE PART I OR PART II NOT BOTH**Part I – TO GRANT CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the designated physician or dentists, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the designated hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date _____ Parent or Guardian Signature _____

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 no action or to: _____

Date _____ Parent or Guardian REFUSAL Signature _____

Section 3313.712, Ohio Revised Code

(Pursuant to H.B. 639)

- (A) Annually, the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide the parent or legal guardian of such pupil, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local, or joint vocational school district to which the pupil is transferred. Upon request of his parent or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving a child.

Even if a parent or guardian gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or legal guardian before the treatment is given. The school shall present the pupil's emergency medical authorization form or a copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

- (B) The emergency medical authorization form provided for in division (A) of this section is as follows:
(*See reverse side*)

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and parent or guardian must read carefully and sign.)

SPORT (Check all sports the athlete will be participating in this school year):

| | | | |
|---------------|------------|----------|--------------|
| Football | Basketball | Track | Cheerleading |
| Volleyball | Wrestling | Baseball | Bowling |
| Cross Country | Gymnastics | Softball | |
| Soccer | Swimming | Tennis | |
| Golf | Hockey | Lacrosse | |

STUDENT

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc, and agree to obey such instructions.

In consideration of Jackson High School permitting me to try out for the above checked sport(s) and to engage in all activities related to the team(s), including, but not limited, to trying out, practicing or playing/participating in that sport(s). I hereby assume all the risks associated with participation and agree to hold Jackson High School of Jackson Local School District, Massillon, Ohio, collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, 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 the Jackson High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Date _____ Student Signature _____

PARENT/GUARDIAN

I, _____, am the parent/legal guardian of _____. I have read the
(parent/guardian) (student)

above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

In consideration of Jackson High School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold Jackson High School of Jackson Local School District, Massillon, Ohio, collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the Jackson High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Date _____ Parent/Legal Guardian Signature _____

**Ohio Department of Health Concussion Information Sheet
For Interscholastic Athletics**

Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by Section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Student Athlete Signature

Parent/Guardian Signature

Date

Please sign below AFTER you have read the **Athletic Code of Conduct, MRSA Information** and **Eligibility Guide**.

ATHLETIC CODE OF CONDUCT

I, _____, have read the Jackson Local Schools Athletic Code of Conduct and understand its contents.
(student)

Student Athlete Signature

Parent/Guardian Signature

Date

Sport

MRSA PARENT/STUDENT AGREEMENT

I, _____, have read and understand my role in helping to keep my student athlete healthy and will encourage my child to follow the recommended guidelines.
(parent/guardian)

I, _____, have read and understand my role in keeping myself and others healthy and agree to follow the recommended guidelines.
(student athlete)

Student Athlete Signature

Parent/Guardian Signature

Date

STUDENT-ATHLETE ELIGIBILITY GUIDE

Please sign below that you have received the Student-Athlete Eligibility Guide and understand its contents.

Student Athlete Signature

Parent/Guardian Signature

Date

**STUDENT ACKNOWLEDGMENT OF RISK AND RELEASE
(CONCUSSION)**

I, _____, hereby acknowledge that I have been properly advised, cautioned, and warned by
(student athlete)
the proper administrative and coaching personnel of the Jackson Local School District that by participating in the sport(s) of _____, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage; paralysis; or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport. I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

Further, I acknowledge that I have received the Ohio Department of Health's concussion and head injury information sheet.

I hereby release, discharge, and/or otherwise indemnify the Jackson Local School District and their employees against any claim by me on my behalf as a result of my participation in the sport(s) of _____.

Student Signature _____

Date _____

Print Name _____

**PARENT ACKNOWLEDGMENT OF RISK AND RELEASE
(CONCUSSION)**

We, the parent(s)/guardian(s) of _____, do here by acknowledge that we/I have been fully
(student athlete)
advised, cautioned, and warned by the proper administrative and coaching personnel of the Jackson Local School District that our/my child named above, may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, by participating in the sport(s) of _____, notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our/my consent to _____, participating in the sport(s) of
(student athlete)

_____.

Further, I/we acknowledge that I/we have received the Ohio Department of Health's concussion and head injury information sheet.

We hereby release, discharge, and/or otherwise indemnify the Jackson Local School District and their employees against any claim by/or on behalf of the registrant as a result of the registrant's participation in the sport(s) of

_____.

Parent Signature _____

Date _____

Print Name _____

STUDENT ATHLETE PLEDGE

As a student athlete, 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, the Federal League, and the Ohio High School Athletic Association, and I hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Student Athlete (please print)

Student Athlete Signature

Date

Sport(s)

PARENT PLEDGE

As a parent, I acknowledge that I am a role model. I will remember that school activities 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, the Federal League, and the Ohio High School Athletic Association. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

Parent Signature

Date

Parent Signature

**JACKSON LOCAL SCHOOLS ATHLETIC FEES
2017-2018**

Student Information

Grade _____

Last Name _____

Phone _____

First Name _____

Sport _____

Address _____
(street) (city) (state) (zip)

Payer Information

Payer Name _____

Payer Address _____
(street) (city) (state) (zip)

Transaction Details

Payment Type: Credit Check/Money Order

Check # _____

Amount \$ _____

Payment Date _____

**HS ATHLETIC FEE = \$100 per sport
MS ATHLETIC FEE = \$75 per sport
FAMILY CAP = \$300 TOTAL**

Make all checks/money orders payable to
"JACKSON LOCAL SCHOOLS".

WE NOW ACCEPT CREDIT CARDS!

All fees are due to Monica Montgomery in the High School main office by the following deadlines:

**Fall Sports: August 15, 2017
Winter Sports: November 21, 2017
Spring Sports: March 13, 2018**

**Questions or concerns, please call
Terry Peterson, AD @ 330-837-3501.**

If fee is not paid within two weeks after the initial deadline, the athlete may not participate in any contests until paid.

***IF YOUR CHECK IS RETURNED FOR NONSUFFICIENT FUNDS (NSF), YOUR ACCOUNT WILL BE DEBITED ELECTRONICALLY FOR BOTH FACE AMOUNT AND COLLECTION FEES BY eCOLLECT, LLC.**