

The School District of Springfield R-XII Emergency Medical Consent Form

Student Information

Name _____ Grade _____

Address _____

Home Phone # _____

Cell Phone # _____

Date of Birth ____ / ____ / ____ Age _____
Month Day Year

Social Security Number _____

Parent/Guardian Information

Father/Guardian Name _____

Home Phone # _____ Cell Phone # _____

Place of Employment _____

Work Phone # _____ ext. _____

Mother/Guardian Name _____

Home Phone _____ Cell Phone # _____

Place of Employment _____

Work Phone # _____ ext. _____

Emergency Contact Information

Name to Contact _____

Relationship to Student _____

Phone Number to Call _____

Medical History

Known Allergies _____

Current Medications _____

Known Medical Condition(s) _____

Dislocations/Fractures/Surgeries _____

If Currently Under a Physician's Care, Please Explain

Parent Permission and Authorization for Treatment

We hereby give our consent for the above student to represent his/her school in interscholastic activities. We also give our consent for him/her to accompany the club/organization on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school activities. We authorize the release of necessary medical information to the physician and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and **permit / do not permit (CIRCLE ONE)** my child to drive his/her vehicle in such a case.

We confirm that this application for the above student to represent his/her school in interscholastic activities is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this student's performance or treatment and we certify that it is correct and complete.

The Missouri State High School Activities Association (MSHSAA) By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company (Policy Number) _____

Parents or Guardian's Signature(s)

(All parents or guardians must sign)

Date