

Silverton Middle School
Silver Falls School District 4J

ATHLETIC PARTICIPATION
Information and Permission

Student Name _____ Birth Date _____ Grade _____

Address _____

Parent/Guardian Name _____

Resident School _____

Phone (Home) _____ (Work) _____ (Other) _____

Student Physician _____ Phone _____

INSURANCE REQUIREMENTS: Students participating in athletics are required to be covered by insurance, either by a family plan or a plan that is available for purchase through the school district.

Please check one:

_____ This is to certify that my child is insured sufficiently with family insurance to cover all injuries for inter-school athletic competition.

Name of Insurance Co. _____ Policy# _____

Group# _____

_____ We are purchasing insurance coverage through the school.

TRANSPORTATION: I give permission for my child to be transported by Silver Falls School District 4J to any event in which he/she is participating as a team member.

Parent/Guardian Signature _____ Date _____

SPORTS PHYSICAL REQUIREMENT: District policy requires that a student have an Oregon "sports exam" or its equivalent performed no earlier than six months prior to a student's initial participation in the Silver Falls School District 4J athletic program. A copy of this exam and any subsequent exams must be placed on file with the school.

In order to confirm your child's health status, the following information is required:

1. Family records indicate my child's last physical exam was: Date _____

2. Has your child had any serious accidents, illnesses, and/or injuries since the last physical exam? ___Yes ___
No

If 'yes" please explain: _____

AUTHORIZATION TO TREAT A MINOR: In the event of an emergency, after every effort has been made to contact me by telephone, the undersigned parent or guardian does hereby authorize Silver Falls School District 4J to obtain any medical care or hospitalization of my child as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for the immediate care of my child. The undersigned agrees to pay for such medical treatment and shall hold Silver Falls School District 4J harmless from any liability, claims, judgments and costs incurred as a result of any such medical treatment or hospitalization.

List any restrictions: _____

Parent/Guardian Signature: _____ Date _____