

WALTON CENTRAL SCHOOL SPORTS PERMISSION PACKET

Please read the entire sports permission packet. There are several changes that have been made.

The packet needs to be filled out by the Parent/Guardian.

All forms and the emergency card need to be filled out and signed.

Please return to the health office as soon as possible.

Your child cannot participate in a sport until this packet is completed and returned.

EMERGENCY INFORMATION RECORD FOR ATHLETIC EVENTS "PLEASE PRINT"		STUDENT LAST NAME		FIRST NAME		DOB
		PARENT/GUARDIAN			HOME PHONE	
HOME STREET ADDRESS		CITY		STATE	ZIP CODE	
Mother's Business Phone	Cellular	Father's Business Phone		Cellular		
IN CASE OF EMERGENCY DURING THE EVENT AND PARENT NOT AVAILABLE-PLEASE CONTACT						
NAME:		ADDRESS			PHONE	
NAME:		ADDRESS			PHONE	
STUDENT'S PHYSICIAN		PHONE#	STUDENT'S DENTIST		PHONE	
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain, if necessary, use the other side of card)			Allergies Epilepsy Asthma Bleeding Disorder		Heart Problems Diabetes Recurring Illness Other	
<p>If it is impossible to contact the student's physician, I authorize the school to follow the instructions given by the emergency contact people, set forth above, and I hereby consent to and authorize any medical treatment obtained or delivered at their direction. In the event that no one listed above can be contacted, I authorize the Walton Central School, its agents and employees to obtain such medical treatment as they in their discretion, deem necessary or advisable and I hereby consent to and authorize such treatment.</p>						
SIGNATURE OF PARENT OR GUARDIAN					DATE	

Walton Central School District

Pre-Season Health Update

At the beginning of each season, prior to tryouts or practice, a health history review must be completed UNLESS the student received an athletic physical within 30 days of the start of the sports season.

PLEASE DO NOT COMPLETE AND SIGN THIS FORM SOONER THAN 30 DAYS BEFORE THE START OF PRACTICE.

Student: _____ Age: _____ Date of Birth: _____

Grade	Sport	Level of participation: Check/Circle one	Varsity	JV	Modified
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**The Health History must be completed by a Parent/Guardian.
Please explain any YES answers in the space provided on the back.**

Question	Yes	No	Question	Yes	No
Has a health care provider ever restricted his/her participation in sports for any reason?			Has s/he ever become ill while exercising in hot weather?		
Does s/he have an ongoing medical condition? Please circle: Asthma Diabetes Seizures Sickle cell Trait/Disease Other			Is s/he on a special diet or have to avoid certain foods?		
Does s/he have an insulin pump/sensor?			Does s/he have stomach/gastrointestinal problems?		
Has s/he ever had surgery?			Has s/he ever had a hit to the head that caused: headache, dizziness, nausea, confusion or been told s/he had a concussion/head injury?		
Has s/he spent the night in a hospital?			Does s/he ever have headaches with exercise?		
Does s/he have a life threatening allergy? Please circle: Insect stings pollen food latex medication Other			Is s/he currently being treated for a seizure disorder or Epilepsy?		
Does s/h use an Epi-Pen (Epinephrine)?			Has s/he ever had a seizure?		
Has s/he ever passed out during or after exercise?			Has s/he ever had an injury that resulted in: being unable to move, felt tingling/numbness or weakness to one side of their body or arms/legs?		
Has s/he ever complained of light headedness or dizziness during or after exercise?			Has s/he ever had an injury, pain or swelling of a joint that caused them to miss practice or a game?		
Has s/he ever complained of chest pain, tightness or pressure during or after exercise?			Does s/he use: a brace, orthotic, wear orthodontic braces or other device?		
Has s/he ever complained of fluttering in their chest, skipped beats, their heart racing or does s/he have a pacemaker?			Does s/he have any problems w their hearing or do they use a hearing aid/device?		
Has a health care provider ever ordered a test for his/her heart? (i.e. EKG, echocardiogram or stress test)			Does s/he have any problems with their vision or have vision in only 1 eye?		
Has s/he ever been told that they had a heart condition?			Does s/he wear glasses/contact lenses?		
Has s/he ever had high or low blood pressure?			Has s/he ever had a hernia?		
Has s/he ever complained of getting more tired or short of breath compared to their teammates/classmates during exercise?			Does s/he have only 1 functioning kidney?		
Does s/he wheeze or cough frequently during or after exercise?			Does s/he have a bleeding disorder?		
Has a health care provider ever said s/he has Asthma?			FEMALES: Do they have their period? What age did it begin? _____		
Does s/he use or carry an inhaler or nebulizer?			MALES: Do they have only 1 testicle?		

Family History	Yes	No
Has any relative been diagnosed with a heart condition or syndrome?		
Has any relative died suddenly, before the age of 50, from an unknown or heart related cause?		

Please explain any YES answers below. Print clearly and provide dates to the best of your knowledge.

Medications

If your child is required to have any scheduled or as needed medications available during school functions (i.e. inhaler, Epi-pen, insulin, ibuprofen etc.) the school nurse must have: A medical provider order, parent consent in writing and the medication in the original, labeled container. Orders and consents must include how they take their medicine: nurse dependent / staff supervised / independent.

Parent/Guardian Permission to Participate

I, the undersigned, understand these questions are asked in order to decide if my child can safely participate on the athletic team named on this form. The answers are correct as of this date and he/she has my permission to participate.

Signature of parent/guardian: _____ Date: _____

Please return this form to the High School Health Office.

Please do not write in the section below. It is for office use only.

Sports Participation (check):

_____ **Approved** _____ **Referred to the School Medical Director (or acting Medical Director)**

School Nurse Signature: _____ Date: _____

If Athlete was Referred to the School Medical Director:

_____ **Requalified** _____ **Disqualified**

Medical Provider Signature: _____ Date: _____

Risk of Injury Statement

In spite of protective equipment and the supervision of our coaches, participation in athletic programs exposes participants to the risk of injury. Injuries in these activities can and do occur. I understand that the dangers and risks of competing and practicing in the activity include, but are not limited to death, neck, and spinal injury which may result in complete or partial paralysis, brain damage, exposure to blood borne diseases such as HIV and Hepatitis. There may also be a possibility of exposure to skin infections. Injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and injury or impairment of future abilities to earn a living, to engage in business, social and recreational activities and generally enjoy life.

COVID-19 NOTICE FROM WALTON CENTRAL SCHOOL DISTRICT

COVID-19 is reported to be highly contagious and spread easily from person to person. COVID-19 may result in serious illness, debilitating injury, or death. Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in this activity, you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a higher risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, exercise, athletics, any activity where people are closer than 6 feet apart, and any large gathering of people indoors.

Because of the possible dangers of participation in these activities, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

Having been so cautioned and warned, participation in the District's athletic program by the student athlete indicates the parent's full knowledge and understanding of the risk of injury.

Insurance

ASSUMPTION OF RISK: The participant and his/her parents/guardians must realize that this activity may involve injury. The Walton Central School carries accident insurance, which is secondary and non-duplicating.

THIS INSURANCE WILL NOT COVER ALL COSTS THAT WILL RESULT BECAUSE OF INJURY SUSTAINED DURING A SCHOOL SPONSORED ACTIVITY. ALL CLAIMS AND BILL MUST FIRST BE SUBMITTED TO THE PARENT'S/GUARDIANS OWN INSURANCE CARRIER AND INJURY TO THE SCHOOL NURSE WITHIN FOUR (4) DAYS FOLLOWING THE ACCIDENT.

My signature hereby acknowledges receipt of the risk of injury statement and considering such risk, gives permission for the student to participate in an extracurricular activity. If I withdraw my permission, I understand that the withdrawal must be in writing and given to the principal as well as the coach of the particular activity.

Student Name: _____

Parent Signature: _____

Date: _____