

JCSD EMERGENCY MEDICAL CARD 2020-21 (must be on file w/WSK8)

Student Name _____
Grade _____ DOB ____/____/____ Age _____
Parent/Legal Guardian _____
Parent/Legal Guardian Contact (Home #) _____
(Cell #) _____ (other #) _____
Parent/Legal Guardian EMAIL _____
Address _____ City _____ ZIP _____
Emergency Contact Person _____
Emergency Contact #'s _____
Allergies & Health Disorders _____
Current Medications _____
Insurance Carrier _____ Policy # _____
Family Doctor _____

Interim health Questions: has the child ever experienced any of the following:

- | | |
|---|---|
| <input type="checkbox"/> <u>Passed out or been Dizzy during exercise</u> | <input type="checkbox"/> <u>Ever has a prolonged, unexplained viral illness</u> |
| <input type="checkbox"/> <u>Had Chest pain During exercise</u> | <input type="checkbox"/> <u>Student uses Medication (please list above)</u> |
| <input type="checkbox"/> <u>Tires more quickly than friends/frequently</u> | <input type="checkbox"/> <u>Ever been denied participation in sports</u> |
| <input type="checkbox"/> <u>Has been told they have a heart murmur</u> | <input type="checkbox"/> <u>Had injuries in the past year</u> |
| <input type="checkbox"/> <u>Has palpitations/skipped beats of heart</u> | <input type="checkbox"/> <u>Had surgery in the last year</u> |
| <input type="checkbox"/> <u>Had baseline concussion training</u> | <input type="checkbox"/> <u>Is currently under a physicians care</u> |
| <input type="checkbox"/> <u>Anyone in the family passed away due to heart problems or suddenly before the age of 50</u> | |
| <input type="checkbox"/> <u>Has the student or anyone in the family experienced seizures</u> | <input type="checkbox"/> <u>Diabetic</u> |

If you know of any reason your child should not participate in a sport please list/explain:

I HEREBY CONSENT OF MY SON/DAUGHTER PARTICIPATING IN A CO-CURRICULAR SPORT DURING THE SCHOOL YEAR AS DIRECTED BY JEFFERSON COUNTY SCHOOL DISTRICT 509J. THE PARTICIPATION IN A SPORT THAT INVOLVES THE MOVEMENT OF THE HUMAN BODY CARRIES WITH IT THE POSSIBILITY OF INJURY THAT COULD LEAD TO DEATH OR PERMANENT DISABILITY. ALTHOUGH THIS IS EXTREMELY RARE IN MIDDLE SCHOOL ATHLETICS, THE POSSIBILITY ALWAYS EXISTS. I AM AWARE THAT THERE IS A RISK OF SERIOUS INJURY INVOLVED IN PARTICIPATING IN ATHLETICS AT **DISTRICT 509J** SCHOOLS.

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY NECESSITATING, MEDICAL TREATMENT, I HEREBY AUTHORIZE THE ADVISOR OR COACH OF MY CHILD TO OBTAIN EMERGENCY MEDICAL TREATMENT. I ALSO RELEASE ANY LIABILITY OF ANY KIND WITH THE ACTIONS TAKEN IN GOOD FAITH BY THE SCHOOL DISTRICT PERSONNEL IN PROVIDING EMERGENCY MEDICAL TREATMENT. I FURTHER AGREE THAT SCHOOL DISTRICT PERSONNEL MAY SEEK THE NEAREST AVAILABLE TREATMENT FROM ANY PHYSICIAN OR MEDICAL FACILITY AS THEY DEEM BEST ABLE TO PROVIDE SAID TREATMENT IN THE BEST INTEREST OF MY CHILD.

I UNDERSTAND THAT ATHLETIC ACCIDENT INSURANCE IS NO LONGER A REQUIREMENT FOR PARTICIPATION IN JEFFERSON COUNTY SCHOOL DISTRICT 509J'S ATHLETIC PROGRAMS. I RECOGNIZE THAT IN CASE OF INJURY TO MY SON/DAUGHTER, THE COST OF TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF THE SCHOOL DISTRICT. JEFFERSON COUNTY SCHOOL DISTRICT 509J DOES NOT PROVIDE STUDENT INSURANCE. I FURTHER UNDERSTAND THAT IT IS STRONGLY RECOMMENDED THAT MY SON/DAUGHTER BE COVERED BY MEDICAL INSURANCE WHILE PARTICIPATING IN SCHOOL-SPONSORED ACTIVITIES.

I UNDERSTAND THAT STUDENT GRADES WILL BE CHECKED EVERY FRIDAY DURING THE SEASON. STUDENTS WITH MORE THAN ONE (1) FAILING GRADE (F) OF HAVING A GPA BELOW 2.0 WILL BE CONSIDERED ACADEMICALLY INELIGIBLE, AND WILL NOT BE ALLOWED TO PARTICIPATE UNTIL ACADEMICALLY ELIGIBLE. CONTINUED INELIGIBILITY COULD RESULT IN DISMISSAL FROM THE SPORT.

I HAVE RECEIVED, UNDERSTAND, AND AGREE TO THE TERMS OF THE STUDENT ATHLETIC HANDBOOK.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE: _____