RHAM High School
Athletic Permission Form
2018-2019

Dear Parent/Guardian:

If your son/daughter is interested in playing interscholastic sports on a high school team, it is **MANDATORY** that you provide written consent for participation in these athletic activities, understand and comply with health requirements and understand the insurance coverage for your child. Participation in interscholastic sports will provide your child with lifelong experiences and other benefits, but you should also recognize that participation involves the potential for injury and on those rare occasions these injuries can be as severe as to result in permanent disability or even death.

**MEDICAL INFORMATION:** All students who participate on an interscholastic team must have a physical examination completed by your private physician each and every year. This consent form, and the State of Connecticut Health Assessment Record (the “Blue” form), **MUST** be completed and handed in to the NURSE, PRIOR TO TRYOUTS. (Please continue reading for Physical requirements.)

1. I give permission for my child (first and last name): ________________________________ to participate in the interscholastic sport of ________________________________ for the school year 20__-20__, understanding that such activity involves the potential for injury or death.
2. My child has had a Connecticut Health Assessment within 13 months preceding this sport season, understanding that it must be completed **Each** and **Every** Year prior to participation in interscholastic sports.
3. Date of last Physical: ________________________________ (confirmation of date and receipt by School Nurse ____________.)

**ACCIDENT INSURANCE:** All students are covered by Regional School District No. 8’s insurance while participating in interscholastic sports, and clubs. However this accident policy is a non-duplication policy, which means that you must use your own insurance first. If your insurance does not cover the total bill, the sports insurance will pay for that portion which is “usual and reasonable” above that which was paid by your policy. You must submit a letter from your insurance agent stating that they are not covering the bill. Please understand that the student must be under a doctor’s care for the injury and claim must be submitted to our insurance company within 90 days of the date of the injury. If you have no health insurance the school board’s insurance will pay the entire bill. At the beginning of the school year students are provided with information regarding student insurance, which may be purchased annually.

4. Please initial that you have read this information on insurance coverage ________________________________.
5. I acknowledge that my child has not transferred schools without changing legal residence. ________________________________.
6. The policy regarding substance abuse is found in Regional School District #8 Board of Education Policy 5114 (discipline) and 5143 (Drug and Alcohol Use by Students).

I have read, understand and agree to the Substance abuse Regulations as published in the student handbook. 

**Student and Parent Informed Consent Form Sudden Cardiac Arrest**

I have received, read and understand the document, “Student and Parent Informed Consent Form Sudden Cardiac Arrest” and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: ________________________________ Date __________ Signature ________________________________

(Print Name)

I authorize my child to participate in ________________________________ for school year ________________________________

(Sport/Activity)

Parent/Guardian name: ________________________________ Date __________ Signature ________________________________

(Print Name)

Please turn over
I have received, read and understand the document, “Student and Parent Concussion Informed Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: ___________________________ Date _______ Signature ___________________________
(Print Name)

I authorize my child to participate in ___________________________ for school year ___________________________
(Sport/Activity)

Parent/Guardian name: ___________________________ Date _______ Signature ___________________________
(Print Name)

Athlete Health Information Update

Athlete’s Name ___________________________

Allergies: ___________________________

Medical Considerations: ___________________________

Medications required for sports: ___________________________

Parent Signature: ___________________________ Date: ____________

Student Signature: ___________________________ Date: ____________

Received by School Nurse _____________. (Date and initial) revised 5/17