



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – ATHLETICS

**PLEASE PRINT**

STUDENTS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

I/We the parent or legal guardian of \_\_\_\_\_, a student at \_\_\_\_\_ hereby delegate to any coach, athletic trainer or administrator of the Eastpointe Community School System who has responsibility for supervising him/her, the authority to authorize and consent to any and all emergency medical, surgical, dental or hospital care or treatment while he/she is on an athletic trip. Such treatment is to be rendered by, or under the supervision of, a duly licensed physician or dentist. Such coach or administrator is fully authorized to act in accordance with his/her judgement in any such emergency and are absolved from any liability of financial responsibility to connection therewith.

I/We hereby authorize any medical provider associated with my school/organization, specifically ST JOHN PROVIDENCE HEALTH SYSTEM to use and/or disclose my clearance and health recommendations to the athletic director, coaches and medical personnel at my school/organization to inform them of my health status for the participation in athletics or activities. I understand that my refusal to sign this authorization may affect my child's ability to participate in athletics. Medical information to be disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the State or Federal law.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
NAME OF MEDICAL HOSPITAL/  
INSURANCE COMPANY

\_\_\_\_\_  
NAME OF SUBSCRIBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
GROUP NUMBER

Please list any allergies your child has \_\_\_\_\_ Please note other special needs instructions  
(dietary, medical, etc.) \_\_\_\_\_

### EMERGENCY INFORMATION

\_\_\_\_\_  
NAME OF PHYSICIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
NAME OF DENTIST

\_\_\_\_\_  
PHONE

IF UNABLE TO CONTACT PARENTS, CALL:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
NAME ADDRESS PHONE NAME ADDRESS PHONE

(Continued)

# EASTPOINTE COMMUNITY SCHOOLS

## WAIVER OF LIABILITY – ATHLETIC TRIPS

STUDENTS NAME \_\_\_\_\_

PLEASE PRINT

In consideration of my daughter/son being provided with the opportunity to participate in an officially sponsored and approved athletic trip, which involves his/her traveling to and from athletic competitions and events, I hereby waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to the EASTPOINTE COMMUNITY SCHOOL SYSTEM, or School System personnel or the adult chaperones, except to the extent that any damages related to such a right or cause of action may be covered by the School System's policies of Liability Insurance.

### BEHAVIOR AGREEMENT

All education/athletic trips require cooperation, responsibility and good behavior on the part of each participant, for the good of all involved. While on an educational trip, students are required to abide by the Student/ Parent Athlete Code of Conduct.

Any student using or possessing alcohol, tobacco, or other drugs (except medications as as listed on the (MEDICAL INFORMATION SHEET) will automatically be sent home at the person's expense after a parent or another responsible adult has been contacted.

I, the undersigned, understand the above, realize the necessity for the rules, and agree to cooperate.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## PARENT PERMISSION

\_\_\_\_\_ has my permission to take

STUDENT NAME – PLEASE PRINT

part in a district-approved sport or club sport and to accompany the teams to all away games and district-approved out-of-town trips for team events. Students may travel by automobile, van, bus, airplane, or other public/commercial carrier.

### CODE OF CONDUCT

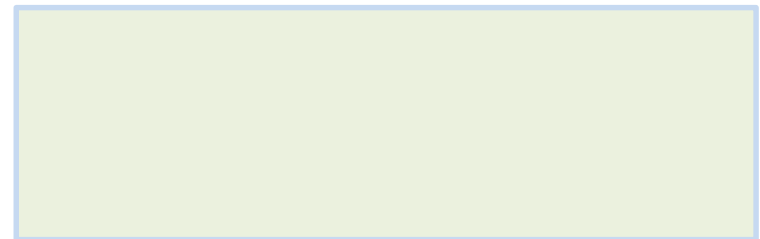
I understand that participation in athletics is a privilege and that all athletes are Subject to the athletic code of conduct both in and out of their sport season. I further understand that acts of misconduct can lead to progressive discipline as outlined in the Eastpointe High School Parent / Athlete Code of Conduct Summary resulting in non-participation in athletics.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



OFFICE APPROVAL

**SCHOOL YOU ATTENDED LAST YEAR:** \_\_\_\_\_