

**KEOKUK HIGH SCHOOL
PARTICIPATION AUTHORIZATION**

THIS FORM MUST BE RETURNED TO THE ACTIVITIES OFFICE ALONG WITH A CURRENT PHYSICAL BEFORE A STUDENT WILL BE ALLOWED TO PRACTICE OR PARTICIPATE IN AN EXTRA-CURRICULAR ACTIVITY. A STUDENT PHYSICAL IS VALID FOR ONE YEAR.

STUDENT NAME _____ SCHOOL YEAR _____

I. AUTHORIZATION RELEASE:

We/I the undersigned parent(s)/guardian(s) of the above-named student do hereby agree to his/her participation in any game, contest, meet, interscholastic athletics, or activity, as an individual, or member of a team or group representing any school under the jurisdiction of the Community School District of the City of Keokuk (Lee County) Iowa. We/I do further agree to waive all claims against said school district for any or all injuries, medical or hospital expenses, incurred by said student while participating in said athletic activities or practices for same.

(Please check ALL ACTIVITIES you think you will participate in.)

- | | | | | |
|-------------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> BAND | <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHORUS | <input type="checkbox"/> GOLF | <input type="checkbox"/> SPEECH | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> LITTLE FEATHERS | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> BOWLING | <input type="checkbox"/> DRAMA | <input type="checkbox"/> SOCCER | <input type="checkbox"/> TENNIS | <input type="checkbox"/> _____ |

II. CONFIRMATION OF INSURANCE

The above-named student must be covered by an insurance policy which covers injuries and/or accidents.

NAME OF INSURANCE COMPANY IS _____
(Notification of termination of insurance or change in carrier will be made to the school district immediately.)

III. STUDENT/PARENT STATEMENT

We have read and reviewed the Standards for Participation in Extra-Curricular Activities.

IV. As adopted by the Department of Education, Activities Associations, and Board of Education, a high school student (grades 9-12 or in the case of summer activities completion of the 8th grade or the immediate summer after graduation) who participates in school sponsored athletics may participate in a non-school sponsored sport during the same season with prior approval in writing by the Activities Director. Such outside participation shall not conflict with the school sponsored athletic activity. Failure to obtain approval will be classified as a first violation, Category I-Penalty, a second failure to obtain approval will be classified as a second violation, Category I-Penalty, and a third as a third violation as outlined in the conduct eligibility rules.

OUR SIGNATURES BELOW INDICATE THAT WE HAVE READ AND AGREE TO THE ABOVE SECTIONS I, II, AND III.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

*This form is to be completed and kept available for reference wherever competition takes place.
Update medical information as necessary.*

Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Student ID# _____

Parent/Guardian Name(s) _____

Student Address _____

Parent/Guardian Home Phone Number(s) _____

Parent/Guardian Place(s) of Work _____

Parent/Guardian Work Phone Number(s) _____

In an emergency, when parent/guardian cannot be notified, please contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Family Dentist _____ Phone _____

Date of last tetanus booster: _____ (month/year)

Do you wear: Glasses yes no / Contacts yes no / Dentures yes no

- OVER PLEASE -

0599

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date any new injury information here: _____

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Date _____

Parent's/Guardian's signature _____

Consent for Treatment endorsed by

the Iowa Chapter of the American Academy of Emergency Physicians

Cards provided by

THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA