NORTH HIGH SCHOOL
EMERGENCY AND INSURANCE FORM

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Name_____ Grade_____

Address_____

Telephone_____

School _____

Coach_____

Date of Birth_____

Parent or Guardian (Residential)

Mother_____Daytime Phone_____

Father_____Daytime Phone_____

If we are unable to contact you is there a relative or friend we may call?

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

I hereby give consent for the following medical care providers and local hospital to be called

Doctor_____Phone_____

Dentist_____Phone_____

Medical Specialist_____Phone_____

Local Hospital_____Phone_____

****PART I OR II MUST BE COMPLETED****
PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me at home or work or other parent at home or work have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by previously named physician or dentist of my preference, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to preferred hospital or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

_____

_____

_____

Signature of Parent/Guardian_____Date_____

Part II – REFUSAL TO CONSENT
*****DO NOT SIGN PART II IF YOU SIGNED PART I*****

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or_____

_____

Signature_____Date_____

INSURANCE FOR INTERSCHOLASTIC ATHLETICS

The student _____ (name) is covered by the following medical policy.

Name of Company _____

Policy Number _____

Certified by: _____
(parent signature)

In case of injury, while participating in interscholastic athletics, we, the parents/guardians, will assume full responsibility for any claims resulting from said injury and we will not hold the Willoughby-Eastlake Schools or any of the school personnel responsible for medical costs.

Date_____

Parent/Guardian Signature_____

Address_____

Phone_____

NORTH HIGH SCHOOL
ATHLETIC PARTICIPATION FORM

NAME_____GRADE_____BIRTHDATE_____/_____/_____
Print (Last) (First) (MI)

HOME PHONE(_____) _____-_____ PARENT'S NAME_____

ADDRESS_____
(Street) (City) (Zip)

SCHOOL(S) ATTENDED-LAST SCHOOL YEAR: _____

O.H.S.A.A. ELIGIBILITY REQUIREMENTS

The Ohio High School Athletic Association eligibility standards for participation in athletics are as follows: In order to be eligible in grades 7-12, a student must be currently enrolled and must have been enrolled in school the immediately preceding grading period.

During the preceding period, the student enrolled in grades 9-12 must have received passing grades in a minimum of five (5) one-credit courses or the equivalent which counts toward graduation. **Physical Education class does not meet the one credit equivalent.**

ANTI-HAZING POLICY:

We are extremely proud of all our co-curricular activities and expect all participants to act and think in a mature and responsible manner when they are representing our school. We want you: as students, to know that there will be zero tolerance of hazing activities. Members of co-curricular activities who do not exert self-control and self-discipline, or who break the rules can expect to be sent home and may be denied participation as a member of their respective co-curricular activity.

Once again, we are proud of our student athletes and expect them to represent us in a mature and responsible manner. With your help this can be accomplished.

ANTI-HAZING POLICY: SECTION 5114, ARTICLE 1, ITEM 7

Hazing: No student shall threaten, act or participate in an act or acts that injures, degrades, disgraces or tends to injure, degrade or disgrace any student.

My son/daughter_____ has my permission to engage in the interscholastic Sport of _____ and to make such trips as may be necessary by said team.

ACKNOWLEDGMENT OF RISK: Dear Parent/Guardians:

Risk in sports is a topic which has received great publicity recently. All human activities, including sports, have a potential for causing injury to individuals. Sports injuries can range from simple cuts and bruises to serious conditions such as fractures and severe sprains possibly requiring surgery to catastrophic occurrences which include blinding eye injuries, neck and back injuries with resulting paralysis, and, although rare, death. Proper conditioning, correct techniques, training and well fitted equipment can greatly reduce your child's risk of injuries to your son or daughter.

We, the coaches at North High School along with Lake Hospital's Staff will do our best to prevent, protect and treat injuries to your son or daughter.

We acknowledge the fact that the risk of injuries detailed above is present in the sports offered in the Willoughby-Eastlake Schools. We grant our child permission to assume the risks with the understanding that the North High coaches and the Lake Hospital System's staff will do everything in their power to reduce the injury potential to my/our child.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, RULES AND REGULATIONS AND ACKNOWLEDGEMENT OF RISK.

Athlete's Signature_____ Date_____

Parent/Guardian Signature _____ Date_____

I have read the ACTIVITY PROGRAM CODE OF CONDUCT, and understand that this is a 24-hour, 7-day a week commitment during a sport/activity season not to use drugs or alcohol in any form or any amount. I also understand that if I violate this policy I will be subject to the rules and conditions stated in the Code of Conduct.

Student Signature_____ Date_____

I have read and discussed the importance of this policy with my son/daughter. Therefore, I will do my utmost to assist him/her to comply with this policy and remain drug and alcohol free during his/her high school years.

Parent/Guardian_____ Date_____