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				
Parent or Guardian (Reside	ntial)			
Mother	Daytime Phone			
Father	Daytime Phone			
If we are unable to conta may call?	act you is there a relative or friend we			
Name	Phone			
Name	Phone			
Name	Phone			
I hereby give consent for tl local hospital to be called	he following medical care providers and			
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.

	o which a physician sh	ould be alerted.
Signature of Par	rent/Guardian	Date
I do not give concluded in the extreatment, I w	Part II – REFUSAL TO OT SIGN PART II IF YO onsent for emergency vent of illness or injury vish the school authorit	U SIGNED PART I*** medical treatment of m requiring emergency
or		
Signature		Date
INSURAN The student	CE FOR INTERSCHO	DLASTIC ATHLETICS
INSURAN The student	CE FOR INTERSCHO	DLASTIC ATHLETICS
INSURAN The student is covered by th	CE FOR INTERSCHO	DLASTIC ATHLETICS (name
INSURAN The student is covered by th Name of Compa	CE FOR INTERSCHO	DLASTIC ATHLETICS (name
INSURAN The student is covered by th Name of Compa Policy Number _ Certified by:	CE FOR INTERSCHO	DLASTIC ATHLETICS (name
INSURAN The student is covered by th Name of Compa Policy Number (I) In case of injuicathletics, we, is responsibility will not hold the	ce following medical police any	in interscholastic, will assume full g from said injury and we Schools or any of the
INSURAN The student is covered by th Name of Compa Policy Number (I) In case of injuicathletics, we, is responsibility will not hold the	ce following medical police of collowing medical police of	in interscholastic, will assume full g from said injury and we Schools or any of the

NORTH HIGH SCHOOL ATHLETIC PARTICIPATION FORM

NAME			GRADE	BIRTHDATE	1 1	
Print (Last)	(First)	(MI)				
HOME PHONE()	PAI	RENT'S NAME				
ADDRESS						
(Street)			(City)		(Zip)	
SCHOOL(S) ATTENDED-LAST SCI	HOOL YEAR:					
The Ohio High School Ath 12, a student must be currently enro	letic Association eligibility standard		athletics are as f		oe eligible in gra	ades 7-
During the preceding perion courses or the equivalent which cou	od, the student enrolled in grades 9 ints toward graduation. Physical E					edit
when they are representing our scho curricular activities who do not exert participation as a member of their re	self-control and self-discipline, or espective co-curricular activity. of our student athletes and expection of the self-control of the self-contr	know that there will b who break the rules o t them to represent u	ne zero tolerance can expect to be s in a mature and	of hazing activities sent home and ma d responsible mann	. Members of co y be denied er. With your h	o- ielp
My son/daughter and to make such trips as may be no	has my permecessary by said team.	nission to engage in t	he interscholasti	c Sport of		
to individuals. Sports injuries can rar surgery to catastrophic occurrences Proper conditioning, correct techniqu	nich has received great publicity re nge from simple cuts and bruises to which include blinding eye injuries	o serious conditions or serious conditions or seck and back injurted to the can greatly reduced to the	such as fractures ries with resulting ce your child's ris	and severe sprain paralysis, and, alth k of injuries to your	s possibly requinough rare, dea	ring th. er.
We acknowledge the fact grant our child permission to assume everything in their power to reduce t						
I HAVE READ AND UNDERSTAND	THE ABOVE POLICIES, RULES	AND REGULATIONS	S AND ACKNOW	LEDGEMENT OF	RISK.	
Athlete's Signature				_ Date		
Parent/Guardian Signature				Date		
I have read the ACTIVITY PROGRA season not to use drugs or alcohol in stated in the Code of Conduct.						
Student Signature				Date		
I have read and discussed the import policy and remain drug and alcohol t			will do my utmos	t to assist him/her t	o comply with th	nis

Parent/Guardian______Date_____