

# SHEPHERD SCHOOL DISTRICT

## EMERGENCY CONSENT FORM

Date: \_\_\_\_\_

_____ <i>Student Last Name</i>	_____ <i>Student First Name</i>	_____ <i>Birthday</i>	_____ <i>Grade</i>
_____ <i>Parent/Guardian</i>	_____ <i>Address</i>	_____ <i>City</i>	_____ <i>Zip</i>
_____ <i>Home Phone</i>	_____ <i>Work Phone</i>	_____ <i>Emergency Contact</i>	_____ <i>Emergency Contact phone number</i>
_____ <i>Insurance Carrier – number</i>			

### PARTICIPATION WARNING RISK

A. I/We give our permission for \_\_\_\_\_ (*student's name*) to participate in organized interscholastic athletics, realizing such activity involves the potential for injury which is inherent in all sports. I/We acknowledge even with competent coaching, the use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in the above, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules, etc. And I agree to obey such instructions.

**\*\*PARENT: PLEASE INITIAL THE ACTIVITIES THAT YOU ARE GIVING PERMISSION TO PARTICIPATE IN\*\***

- FOOTBALL     VOLLEYBALL     CROSS COUNTRY     BASKETBALL     WRESTLING  
 GOLF     SOFTBALL     TRACK     CHEERLEADING  
 Weightlifting     MUSIC     SPEECH & DRAMA

### B. EMERGENCY MEDICAL SERVICE

If emergency service involving medical action or treatment is required and the parent/guardian(s) cannot be contacted, I hereby consent for the above-named student to be given medical care by the doctor or hospital selected by the school.

_____ <i>Name of Family Physician</i>	_____ <i>Address</i>	_____ <i>Phone</i>
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1. KNOWN ALLERGIES \_\_\_\_\_
2. MEDICAL ISSUES \_\_\_\_\_
- DATE OF LAST TETANUS \_\_\_\_\_
3. DOCTOR PREFERRED \_\_\_\_\_
- HOSPITAL PREFERRED (*please circle*)    Billings Clinic    St. Vincent
4. INSURANCE \_\_\_\_\_

C. I/We hereby certify and affirm that I/we are the parent/legal guardian(s) of: \_\_\_\_\_ (*student's name*). I/We understand all sports can involve many **RISKS OF INJURY**, including, but not limited to, those risks outlined. I/We hereby consent to participation by the above-named student and agree the above-named student and I/we assume all risks of playing or practicing.

D. **RESPONSIBILITY FOR EQUIPMENT RETURN:** I agree to be responsible for the safe return of replacement of all athletic and/or activity equipment issued by the school to the above-named student.

***I/WE HAVE READ & UNDERSTAND THE INFORMATION CONTAINED IN ITEM II – A, B, C, D***

**PARENT /GUARDIAN SIGN HERE:** \_\_\_\_\_

**STUDENT SIGN HERE:** \_\_\_\_\_

***Please Read & Sign the Back Also →→→→***

## APPENDIX A: Activity Training Rules Sheet

### SHEPHERD SCHOOL DISTRICT ACTIVITY TRAINING RULES

1. All team members must go and return on the team bus unless arrangements have been made with the athlete's parent or guardian. **ONLY** parents/guardians can remove a participant from the team bus!
2. Hours for each activity will be determined and penalties will be enforced by the coach of that activity.
3. You, as a participant, are representing the school and the community. We expect your conduct to reflect our school and community in a positive manner.
4. A student and parent **MUST** attend either the code of conduct meeting at the beginning of the school year or the pre-season code of conduct meeting at the beginning of each activity season. If a student or parent fails to attend either of the meetings, the student/parent must make arrangements with the activity supervisor/coach for a private meeting to cover the code of conduct rules. Students will be allowed to compete only after that meeting.
5. Policy on mood altering chemicals:  
*Philosophy and Purpose:* Shepherd Public Schools recognized the use of mood-altering chemicals as a significant health problem for many adolescents, resulting in negative effects on behavior, learning and the total development of each individual. Adolescents are also affected by the misuse and abuse of mood-altering chemicals by family, friends, team members, or other significant persons in their lives.
6. The Administration, Athletic Director and/or Coach reserve the right to investigate accusations made against an athlete or activity participant.

Any student involved in Shepherd School extra-curricular activities shall not, regardless of quantity:

- 1) Use or consume, have in possession, buy, sell or give away alcohol/tobacco.
- 2) Use or consume, have in possession, buy, sell or give away any other controlled substance.
- 3) Be present at gatherings or in vehicles where a controlled substance is present or in use.

This is effective during the entire school year, regardless of participation in an activity or not. This rule is not cumulative but its consequences will carry over into the following year.

A student is allowed to possess and use a controlled substance specially prescribed for the student's own use by his/her doctor.

#### **CONSEQUENCES:**

Any student found in violation of the above rules must complete the following minimum requirements:

**First Offense:** After confirmation of the first offense, the student will be suspended from all extra-curricular activities for a period of 30-school days. During the 30-day period, the student will:

- a) Continue his/her involvement in the activity
- b) Practice and attend meetings, but not participate in any game or similar activity

***If the student chooses not to follow this procedure, he/she will be dropped from the activity immediately.***

**Second Offense:** After confirmation of the first offense, the student will be suspended from all extra-curricular activities for a period of 60 school days. During the 60 day period, the student will:

- a) Continue his/her involvement in the activity
- b) Practice and attend meetings, but not participate in any game or similar activity

**Third Offense:** The student will be dropped from all extra-curricular activities for ONE CALENDAR YEAR from the time of the third offense! Example: March 1<sup>ST</sup> to March 1<sup>ST</sup> of the following year.

A student may not attend or participate in any school function, including but not limited to, club activities, school sponsored trips, etc. during the length of the suspension. It is the coach/sponsor's discretion if the student attends practices and/or sits on the bench during home games during this period.

Other negative behaviors, including but not limited to: illegal acts, physical/verbal intimidation, insubordination, fighting and harassment will be investigated and dealt with at the discretion of the coach, principal and/or Athletic Director. According to the severity of the incident(s), the suspension policy for alcohol/drug/tobacco use may be invoked.

**I HAVE READ THE REGULATIONS AND AGREE TO LET MY CHILD PARTICIPATE FOR THE SCHOOL YEAR.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date