

PARTICIPATION IN SCHOOL ACTIVITIES  
ATHLETICS EMERGENCY MEDICAL FORM



Name: \_\_\_\_\_ Sports: \_\_\_\_\_

Various rules and regulations apply to all students who participate in interscholastic athletics in Rockwood School District. This form, along with the attached health services form and athletics guidelines booklet contains information necessary for athletes and their parents. Your acknowledgement and agreement to abide by state, district, and school policies will be indicated by your signature in the appropriate places.

**PHYSICAL/PARENTAL PERMISSION TO PARTICIPATE**-The Missouri State High School Activities Association requires that students have an updated physical prior to participating in interscholastic sports. In addition, parents must acknowledge and approve their son/daughter's participation in interscholastic sports. This form and the attached health services form, when completed, meet the above requirements.

**ACCIDENT INSURANCE**-The Rockwood School District requires that every student have adequate accident insurance coverage before participating in the interscholastic sports program. Those who have no family protection coverage should seek a plan applicable to their needs.

**ATHLETICS GUIDELINES**-All athletes and their parents must be aware of policies, including creditable citizenship policy, which affect students in interscholastic sports. These policies are included in the Student Handbook.

**MY SIGNATURE BELOW INDICATES THE FOLLOWING:**

1. My son/daughter is adequately covered by an accident policy for athletic injuries.
2. I have read the RSD Interscholastic Athletics Guidelines as outlined in the Student/Parent Handbook and the MSHSAA concussion materials located on the school website or at [http://www.mshsaa.org/resources/pdf/concussionpacketb300\\_final.pdf](http://www.mshsaa.org/resources/pdf/concussionpacketb300_final.pdf)
3. I give my permission for the Guidance Office to release grade point and class rank information to athletic recruiters. I understand that all athletes who want to be considered for any type of collegiate athletics will need to go through the guidance office and the offices of the college and career specialists. Yes No

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

This form, along with a physical, must be completed and returned to the appropriate coach prior to participation in athletics including practices.

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Class: Freshman Sophomore Junior Senior  
Last First Male Female Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ Work Phone \_\_\_\_\_

Student lives with: Mother & Father Father & Stepmother Father only Grandparents  
Guardian Mother & Stepfather Mother only

**MEDICAL INFORMATION**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Current health problems that may affect your child in any way :(please state condition and kind of medical care he/she is receiving)

Medications \_\_\_\_\_ Does your student wear glasses? Yes No

Allergies \_\_\_\_\_ Does your student wear contact lens? Yes No

Hospital preference in case of emergency \_\_\_\_\_  
(The nature of injury or location of play may preclude this preference.)

Insurance Company \_\_\_\_\_ HMO PPO NA Policy/I.D. Number \_\_\_\_\_

Insurance coverage is with Mom Dad Other

**PERMISSION TO PARTICIPATE AND EMERGENCY CARE PROCEDURE**

I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on medical form by examiner. I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the student, if he/she is injured in the course of school activities.

Relative or person(s) who will assume temporary care of student if parent cannot be reached:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Does the school have your authorization to transport the child by whatever means necessary in case of emergency? Yes No

DATE: \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_