

MEDICAL RELEASE
2022-2023

Parents are called immediately in the event of serious injury, elevated temperature, constant complaint, or throwing up. Some medicines can be administered at school for the comfort of the student if permission is given by the parent. Please complete and sign a Medical Release Form on each student.

STUDENT _____ Birthday _____

My child has permission to take the following medications administered by HCA school personnel.
Please MARK THROUGH any medication that is not permissible.

Tylenol	Mydol (girls)	Pepto Bismal	Tums	Benedryl
Cough drop	IB (motrin)	Neosporin (for cuts)	Bactine (for scrapes, insect bites)	

Regular medications taken by this student:

My child must receive this medicine regularly while at school:

Name of Medicine _____ dosage _____ time _____
Name of Medicine _____ dosage _____ time _____

My child has allergies to _____

Explain the procedure should the child have an allergic reaction _____

My child has at school: ___ inhaler ___ epi-pen ___ other: _____

Emergency Treatment Release

HCA personnel or their designees have my permission to authorize any medical treatment for, _____, in the event of an emergency while at school or during a school-sponsored trip or event.

SIGNED _____ DATE _____
Parent/Legal Guardian Signature

NOTARY _____

Signed before me this date _____

SPORTS PARTICIPATION AGREEMENT/INFORMED CONSENT 2022-2023

Athlete's Code of Ethics

I pledge to place the emotional and physical well-being of teammates and opponents ahead of my desire to win:

- I will treat every other player with dignity and respect.
- I will attend practices and games and always do my best.
- I will lead by example in demonstrating fair play and sportsmanship.
- I will conduct myself in such a way as to be a role model, both on and off the court.
- I will be respectful of coaches and officials to encourage a positive and enjoyable experience for all.
- I will treat other players, coaches and officials with respect regardless of race, sex, creed or ability.
- I will encourage good sportsmanship & demonstrate positive support for all players, coaches, and officials at every sports activity.
- I will demand a drug-free, alcohol-free and tobacco-free sports environment for myself and others at all times.

*I have read and agree to abide by the **Athlete's Sports Code of Ethics** and will do everything in my power to implement and enforce them.*

SIGNED: _____
STUDENT DATE

Parents' Code of Ethics

Our pledge as Parents of an athlete is to provide positive support, care, and encouragement for all students and players.

- I will encourage good sportsmanship of all players, coaches, and officials at every sports event in order to provide a positive, enjoyable experience for all.
- I will place the emotional and physical well-being of our students and competitors ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment, at school and at home.
- I will demand a drug-free, alcohol-free, and tobacco-free sports environment and refrain from their use at all school-sponsored events.
- I will remember sports activities are for students, not for the adults and I will do my best to make it fun for all students.
- I will require that my child treat all players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- I promise to help all students to have an enjoyable sports experience, within personal constraints, by being supportive of all.
- I will assist the development of the sports program in every way I am capable (such as providing transportation, snacks, etc) .

*I have read and agree to abide by the **Parents' Sports Code of Ethics**.*

SIGNED _____
PARENT OR LEGAL GUARDIAN DATE

I hereby give permission for _____ to participate in athletics. I further authorize the school staff, athletic staff, parent chaperones, or any other adult supervising my child, to provide medical treatment, and/or seek emergency medical care, for my child if necessary due to injury or illness.

SIGNED _____
PARENT OR LEGAL GUARDIAN DATE

Print Name of Parent or Guardian _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____
Family Physician _____ Phone _____
Medical Conditions (e.g., allergies or chronic illness) _____
Medicines _____
Other person to contact in case of emergency: Name _____
Relationship to student _____ Phone _____

We are aware that there are inherent risks associated with participation in any school sport or activity. We assume all risks associated with participation, including, but not limited to, personal injury, contact with other participants, travel hazards, and any other conditions. We understand this informed consent form and agree to its conditions.

PARENT/GUARDIAN: _____
SIGNATURE DATE

STUDENT: _____
SIGNATURE DATE
