

Durango Schools



Durango 9-R Summer Camp & Training Waiver - PARENT OR GUARDIAN PERMIT WARNING:

Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, by its nature, participation in interscholastic athletics includes a risk of injury which may range in severity from minor to long-term catastrophic injury. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

By signing this permission Form, we acknowledge that we have read and understood this warning. Parents or students who do not wish to accept the risks described in this warning should not sign or participate in summer related activities.

By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

In addition, because of the frequent close proximity of players involved in athletics, there is a risk that a player(s) may become sick with any communicable diseases. By signing this form, I acknowledge reading and understand this warning and the risks assumed. I hereby give my consent for my child to participate in athletic/activities sponsored by Durango 9R District.

We are lucky to have Mercy Athletic Trainers working with our coaches. They are not guaranteed to be at each training session, however, by signing you give consent to be treated by our Mercy Athletic Trainers. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. In the event that an emergency arises during a practice session, an effort will be made to contact the parent(s) or guardian as soon as possible. Permission is also granted to the

athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

Any Allergies?

Any Medical conditions we should be aware of?

Emergency Contact 1: (Cell Phone)

Emergency Contact 2: (Cell Phone)

Student Name: _____ Student Grade: _____

Parent/Guardian Signature: _____ Date: _____

Parent Email: _____ Parent Phone: _____
