

PERMISSION TO PARTICIPATE IN ATHLETICS
CONCUSSION/HEAT ILLNESS, INSURANCE/ATHLETIC CODE

Athlete _____ **Grade** _____

I/We give our permission for _____ to participate in organized school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the coaching, use of the most advanced 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 or even death.

I/We also acknowledge that AAA concussion and heat illness facts and Bentonville Public Schools concussion and heat illness policies have been reviewed and I/we understand the risks associated with participation in school athletic activity.

I/We acknowledge that I/we have read and understand this warning. In signing this form, I/we also acknowledge that I/we have received a copy or received instructions how to access the Athletic Code Book online and understand the Bentonville School Districts Athletic Philosophy, Insurance, and Athletic Code.

Parent/Guardian _____ **Date** _____

Parent/Guardian _____ **Date** _____

PERMISSION TO TRAVEL FORM

I/We give permission for _____ to travel on school provided transportation to out-of-town games, performances, or other school oriented activities. I/We understand that all team members must travel to and from out-of-town activities on school provided transportation unless clearance has been made by teacher, coach, principal, or doctor due to extenuating circumstances. I/We acknowledge that the arrival home from these events is sometimes at a late hour and _____ will have a reliable means of transportation awaiting upon return.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

BENTONVILLE SCHOOL DISTRICT

DEPARTMENT OF ATHLETICS

MEDICAL CONSENT FORM

PERMISSION FOR TREATMENT

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, or immunizations for _____. 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. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

Parent or Guardian _____ **Date** _____

Address _____

Home Phone _____ **Other Phone** _____

Child's date of Birth _____

List of medications currently taking _____

List of any medical conditions we need to have knowledge of _____

Allergic to any medications? List _____

Person to contact in emergency other than parent: _____

Phone number _____ **Other Phone** _____

Name of Family Physician _____

Phone Number of Family Physician _____

Insurance information: _____ **Company** _____ **Group #** _____

Student-athlete's social security number: _____

Parent/Guardian signature: _____