

Grade _____

Nurse's Notes to Coaches
___ Approved to participate
___ NOT Approved to participate
Comments _____

CONSENT FOR SPORTS PARTICIPATION

(Submit this form for EACH SPORT your child tries out for at RMS)

PURPOSE: To enable parents/guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.

Student's name _____ Student's DOB _____
 Address _____ City, Zip _____
 Parent's/Guardian's Name(s) _____
 Legal Custody belongs to: ___ Both Parents ___ Mother ___ Father ___ Other _____

LOCAL EMERGENCY CONTACTS – Please number in order of call priority

___ Home phone # _____
 ___ Mother - work phone _____ Cell _____
 ___ Father – work phone _____ Cell _____
 ___ Person to call if parent/guardian not available _____
 Relationship to student _____ Phone numbers:
 Home _____ Work _____ Cell _____
 ___ Person to call if parent/guardian not available _____
 Relationship to student _____ Phone numbers:
 Home _____ Work _____ Cell _____
 Student's Physician _____ Phone _____
 Student's Dentist _____ Phone _____
 Family Health Insurance _____
 Policy Number _____ Policy Holder _____

RISK OF INJURY: Participation in any athletic sport carries with it an increased possibility of injury, some of which could be serious and permanent in nature, or even death. While coaches will utilize the most current, medically sound conditioning methods and teach only safe competitive techniques in preparing athletes, the possibility of serious injury still exists. By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

My child has permission to participate in _____ (RMS Sport). I understand that my child will be covered by my own insurance, not by any insurance program provided by Readington Township Public Schools.

Parent Signature _____ Date _____

CONSENT FOR EMERGENCY MEDICAL CARE: In the event reasonable attempts to contact me/us have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by the above named physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to the nearest hospital. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I also consent to the disclosure of any health conditions that my child may have (such as: injuries, diabetes, allergies, asthma, sensory problems, etc.) that the school nurse or school physician deem necessary for the coaches to be made aware of.

Parent Signature _____ Date _____

State of New Jersey
DEPARTMENT OF EDUCATION
Sign-Off Sheet

Name of School District: Readington Public Schools

Name of Local School: Readington Middle School

Sports-Related Concussion and Head Injury Fact Sheet

I/We acknowledge we have reviewed the NJDOE Sports-Related Concussion and Head Injury Fact Sheet.

Student Signature: _____

Parent Signature: _____

Date: _____

Sudden Cardiac Death Pamphlet

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent Signature: _____

Date: _____

Use and Misuse of Opioid Drugs Fact Sheet

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____