



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.

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.

ACCIDENT INSURANCE-The Rockwood School District requires that every student have adequate accident insurance coverage before participating in the interscholastic sports program.

ATHLETICS GUIDELINES-All athletes and their parents must be aware of policies, including creditable citizenship policy, which affect students in interscholastic sports.

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/concussionpackethb300_final.pdf
3. I give my permission for the Guidance Office to release grade point information to athletic recruiters.

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, State: _____ 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.

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: _____