

2022-23 PAC-5 Student Participation & Parent/Legal Guardian Consent & Assumption of Risk Form

All information on this form must be completed for participation eligibility.

Student Legal Name _____

Preferred Name _____ Grade _____ Gender _____

Sport _____ School _____ Date of Birth _____
(Month/Date/Year)

Address _____

Medical Information:

Health and/or Insurance Carrier _____ Policy # _____

Asthma? [Yes] or [No] if yes please list medication for asthma: _____

Do you carry an inhaler? [Yes] or [No] Date of last emergency inhaler use: _____

Have you ever been hospitalized due to an asthma attack? [Yes] or [No]

Have you ever had a concussion? [Yes] or [No] if yes, how many concussions? _____

When was the most recent one? _____

Have you ever been hospitalized for 24 hours or more? [Yes] or [No] if yes please explain: _____

History of musculoskeletal injury? [Yes] or [No] if yes please explain: _____

Have you ever had surgery? [Yes] or [No] if yes please explain: _____

Have you been diagnosed or tested positive for COVID-19 infection? [Yes] or [No] if yes, what was date of test _____

If you had COVID-19 infection, during the infection, did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath? [Yes] or [No]

Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance? [Yes] or [No] if yes, have you been cleared to participate in athletics? [Yes] or [No]

Have you been fully vaccinated against COVID? [Yes] or [No]

Other Current Medications (Birth control, mood stabilizers, etc.): _____

Known Allergies (food, drug, insects, etc.): _____ EpiPen [Yes] or [No]

List any other **important** medical history/data: _____

Contact Information:

Mother/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

E-mail _____

Father/Guardian's Name _____

Home # _____ Work # _____ Cell # _____

E-mail _____

In case of emergency, and parent/guardian cannot be reached, contact:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Assumption of Risk & Consent to Treatment:

Parent/Guardian Assumption of Risk:

I/We give our permission for named student to participate in organized athletics, realizing that such activity involves the potential for injury and/or illness (ex: communicable diseases, such as MRSA, influenza and COVID-19) that is inherent in all sports. I/We acknowledge that even with qualified coaching, use of appropriate equipment and strict safety rules; injuries and/or illness are still a possibility. On rare occasion, these injuries and/or illness can be so severe as to result in total disability, paralysis, or even death.

Consent for Emergency Care:

I/We hereby give permission for day-to-day care and emergency treatment of named student by physicians, PAC-5 sports medical staff, coaches, EMT's, or hospital emergency room personnel for treatment for any injury and/or illness resulting from, or affecting, his/her athletic participation. Also, in the event that I/we can not be reached, I/we hereby authorize and give permission to the designated coach or designee of PAC-5, if it is deemed necessary, to take named student to the nearest hospital emergency room or doctor's office via vehicle or emergency services and to admit named student for treatment.

Mother/Guardian's Signature _____ Date _____

Father/Guardian's Signature _____ Date _____

Student Assumption of Risk:

I understand that to participate in organized athletics there involves the potential for injury and/or illness (ex: communicable diseases, such as MRSA, influenza and COVID-19) that is inherent in all sports. I acknowledge that even with qualified coaching, use of appropriate equipment and strict safety rules; injuries and/or illness are still a possibility. On rare occasion, these injuries and/or illness can be so severe as to result in total disability, paralysis, or even death.

Student's Signature _____ Date _____

Please notify your coach of any change in phone numbers or address.