

## Handbook for Student Athletes Parent Acknowledgment Form

I have read and understand the Frederick County Public Schools' Handbook for Student Athletes and have reviewed information regarding concussions, sudden cardiac arrest and heat-related illnesses. Furthermore, I pledge to abide by these rules.

Student athlete's name (please print): \_\_\_\_\_

Student athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understand, and agree to support the above pledge as signed by my son/ daughter and have received information regarding concussions.

Parent's name (please print): \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERMISSION FOR MEDICAL TREATMENT

I consent and authorize for my child to receive first aid, emergency medical care, and all other medical treatments deemed reasonably necessary to his/her health and well-being in case of injury or illness while participating in FCPS Athletic Program activities and understand that I will be responsible for expenses incurred. In the event of an emergency requiring medical attention, I hereby grant permission to physicians or other hospital personnel designated by the school Athletic Training or coaching staff to attend to my son/ daughter. I expect every effort will be made to contact me in the event of an emergency.

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Once the athlete has been seen by a physician, further written information should be obtained from the physician by the parent to bring back to the Athletic Trainer or coach at the school.

Family physician: \_\_\_\_\_ Office number: \_\_\_\_\_

### HEALTH HISTORY

Kidney injuries	Yes	No	While competing, do you wear:		
Heart condition	Yes	No	Glasses	Yes	No
Diabetes	Yes	No	Contacts	Yes	No
Asthma	Yes	No	Date of Last Tetanus shot:	_____	

Please state:

Allergy to any medication: \_\_\_\_\_

Other conditions: \_\_\_\_\_

Parent special request: \_\_\_\_\_

Insurance (required): Company \_\_\_\_\_ Policy

# \_\_\_\_\_