

Farmington Municipal Schools Parent Permission

- *Please both the student and parent initial next to each circle to indicate you have read the section*

- *Acknowledgement of Injury Risk*

I am aware that preparation for and participation in interscholastic athletics involves risk of serious and permanent injury to the student-athlete. I acknowledge and understand the danger of possible severe injuries inherent in physical activity and contact in all sports.

- *Consent for Cognitive Testing (High School Sports)*

I give my permission for my son/daughter to have a baseline, and if needed, a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered to them. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test. I understand there is no charge for the testing. FMS personnel may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below. I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

- *Consent to Participate*

I certify that my son/daughter has my approval to participate in athletics and activities sponsored by FMS in accordance with the conditions set forth by the sponsors and administration.

- *Consent to Release Medical Information*

Completion of this document authorizes the disclosure and/or use of individually identifiable information, consistent with federal laws (including HIPPA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

I give consent to the Certified Athletic Trainer(s) of Farmington Municipal Schools, to release information pertaining to my son/daughter's athletic injury to his/her Coach, Athletic Director, School Nurse, or other professional with a need to know. I understand that medical records are private information, and will be treated as such. If at any time I wish to restrict the release of medical information I will do so in writing to be received by the Certified Athletic Trainer. This authorization shall become effective immediately and shall remain effective for the current

school year only. I understand that I have the following rights with respect to this authorization: I may revoke this authorization at anytime.

My revocation must be in writing, signed by me or on my behalf, and delivered to the Certified Athletic Trainer. My revocation will be effective upon receipt, but will not be effective to the extent that requestor or others have acted in reliance to this authorization. I understand that the requestor will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and that the information becomes part of the student's medical record. The information will be shared with the above listed individuals for the purpose of providing safe, appropriate, and least restrictive medical and athletic setting.

- **Emergency Medical Treatment**

I give my permission to the FMS Staff to admit my son/daughter to a hospital, or to place my son/daughter under a physician's care in emergency situations when I cannot be reached to give my consent. I understand that neither the sponsor nor FMS is responsible for any medical expenses.

- **Enforcement of School Policies**

I understand that by participating in the activity below that I will conduct myself with school appropriate behavior. I understand that I represent FMS and my actions should demonstrate the character and integrity of FMS. I acknowledge that school rules and policies are in place during this trip. Violations of rules and policies will result in double consequences per student handbook. By signing below, I understand the importance of appropriate behavior and the consequences that can ensue due to inappropriate behavior.

- **Financial Responsibility**

I understand that neither the chaperone(s) nor Farmington Municipal Schools (FMS) is liable in the case of sickness, accident or injury while my son/daughter is a member of an athletic or activity team or event and participating in that activity.

- **Hazing**

Hazing occurs when an act is committed against student or a student is coerced into committing an act that creates a substantial risk of harm to the student or to any third party for the purpose of initiating or affiliating with any school activity or organization.

Hazing includes, but is not limited to: any activity involving any risk of physical harm, including paddling, beating, whipping, branding, electric

shock, sleep deprivation, exposure to weather, placement of harmful substances on the body, and participation in physically dangerous activities. Any activity involving the consumption of alcohol, drugs, tobacco products, or any other food, liquid, or other substance that subjects the student to an unreasonable risk of physical harm. Any activity involving actions of a sexual nature or the simulation of actions of a sexual nature. Any activity that subjects a student to any level of embarrassment, shame, or humiliation, or which creates a hostile, abusive, and intimidating environment for the student. Any activity involving any violation of federal, state, or local law, or any violation of FMS, and athletic department policies and regulations.

Athletes, coaches, advisors, or students are responsible to report violations of the above to the Athletic Director or any other member of the FMS administrative team. Athletes who participate in improper behavior as described above are subject to suspension or removal from participation and will be referred to the School Resource Officer for a criminal investigation.

○ **Insurance Coverage**

I have health/accident insurance, which I consider sufficient to cover expenses/claims arising from any injury my child may experience while participating in any school activity, and will not hold the FMS responsible for payment of any medical expenses.

○ **Student Expectations**

I will abide by the training rules set up by the coach and by all rules contained in the school's Student Handbook and Athletic Handbook. I assume full responsibility for the athletic equipment and uniforms issued to me. I will inform the coach/athletic trainer/medical personnel if I am taking any medication, using any ointment, liniment, balm, or have a metal implant in my body before receiving therapy or treatment of any kind in the athletic training room.

○ **Student Code of Conduct**

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character." I therefore agree:

1. I will put forth my best effort when I participate in school academics and sports.
2. I will remember that I participate to have fun.

3. I will inform the coach of any physical disability or ailment that may affect my safety or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I will be a positive role model for my team, school, and community. I will encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of any athletes.
8. I will play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I understand that doing one's best is more important than winning, so that I will never feel defeated by the outcome of a game or my performance.
11. I will compete fairly and try hard so that I feel like a winner every time.
12. I will never ridicule or yell at a teammate, coach or other participant for making a mistake or losing a competition.
13. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for myself to win.
14. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place (minimum of 24 hours after event).
15. I will demand a sports environment that is free from drugs, tobacco, and alcohol and I will refrain from their use. I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
 - o Verbal warning by official, head coach, and/or school administration
 - o Written warning
 - o Suspension with written documentation of incident kept on file by organizations involved
 - o Game forfeit through the official or coach

I understand that the above consequences are merely possibilities and that consequences for behavior unbecoming a FMS athlete or participant in extra-curricular activities is described in both the school policy handbook and the district policy handbook.

○ **Parent Code of Conduct**

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take

time to speak with coaches at an agreed upon time and place (minimum of 24 hours after event).

16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or school administration
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Parental season suspension

SIGNATURE PAGE FOR PARENT PERMISSION FORM

Your signature below indicates your agreement to abide by all the sections on this form including Acknowledgement of Injury Risk, Consent for Cognitive Testing (High School Sports), Consent to Participate, Consent to Release Medical Information, Emergency Medical Treatment, Enforcement of School Policies, Financial Responsibility, Hazing, Insurance Coverage, Student Expectations, Student Code of Conduct, and the Parent Code of Conduct

Contact Phone Number _____

Alternate Phone Number _____

Print Parent Name _____

Parent Signature _____

Print Student Name _____

Student Signature _____

Student Cell Phone _____

Date _____

Insurance Company _____

Policy # _____

Doctor _____

Doctor's Phone Number _____

Allergies _____