

**ALL FORMS FOR THE
MIDDLE SCHOOL SPORTS
PROGRAM SHOULD BE
RETURNED TO**

**MR. DITTRICH
MIDDLE SCHOOL OFFICE**

- 1. PERMISSION FOR MEDICAL TREATMENT**
- 2. TOBACCO/ALCOHOL AND DRUG ABUSE FORM**
- 3. PHYSICAL EXAMINATION**
- 4. MEDICAL EMERGENCY INFORMATION**

***YOU CANNOT COMPETE UNTIL THE FORMS ARE ON
FILE!***

Hancock Place Middle School Sports Program

Mission Statement

The purpose of the Interdistrict Middle School Sports program will be to provide an athletic program appropriate to the developmental needs of middle school students. Opportunities for middle school students to participate in competitive sports activities which are focused on positive sportsmanship and character development will be provided.

RATIONALE

Through all the readings on middle school sports, one consistent focus has been the inclusion of the necessity for the program to meet the developmental needs of the students. The philosophy discussed in our meetings, so far, has been in sync with the philosophy. A sports program which promotes sportsmanship and helps to develop character is appropriate. Ensuring that the coaches are trained and philosophy of “no cuts” based on the athletic ability and “all play” were strands which also ran through the literature.

(Parents – Please initial to the left as an acknowledgment of your agreement)

PARENTS PERMISSION AND AUTHORIZATION FOR MEDICAL TREATMENT

_____ In the event that my child needs emergency medical treatment and the parents or emergency contact cannot be reached, I give consent for Hancock Place Middle School to obtain through a licensed medical professional and hospital, such medical care that is reasonably necessary for the welfare of my child.

Emergencies needing Ambulance Service will be dealt with as follows: Patients under 15 years of age will be transported to either Cardinal Glennon Hospital, St. Louis Children’s Hospital, or St. Anthony’s Medical Center. At the discretion of the paramedics, patients over 15 years of age will be transported to St. Louis Children’s Hospital, St. Anthony’s Medical Center, or any of the other medical facilities in the St. Louis area. As the parent/guardian I agree to assume the cost for transportation and medical treatment in such an emergency situation.

_____ Permission is hereby granted to that attending physician to proceed with any medical or minor surgical treatment, x-ray exam and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

_____ Permission is granted to the athletic trainer to provide the needed emergency treatment to my child to his/her admission to the medical facilities if necessary.

INTERDISTRICT MIDDLE SCHOOL SPORTS PROGRAM PHILOSOPHY & RELEASE

PARENT INFORMATION

Each student participating in the Interdistrict Middle School Sports Program will have on file with their school a physical and Parent Permission and Authorization for Treatment form. Students will not be allowed to participate without this form. Student athletes and their parents are representing their school and are expected to maintain high standards of behavior. Any unsportsmanlike behavior, relative to other fans, visiting players, officials, or coaches could result in not being allowed to participate in the next game or dismissal of your son or daughter from the team. This program is designed to foster the development of character traits such as cooperation, honesty, and perseverance. Actions such as applauding good plays done by both teams and thanking the officials will do much to create the desired atmosphere.

This application to represent Hancock Place Middle School in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage, paralysis, or even death. I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

TOBACCO, ALCOHOL AND DRUG ABUSE

_____ Hancock Place Middle School Policy states that no illegal drugs, alcohol or other illegal substances may be used by students. Disciplinary measures will be taken in accordance with school district policies for infraction of these rules. My child and I understand these rules and he/she agrees to comply with them.

I also state that my son/daughter is covered by accident insurance which provides Protection for accidental bodily injury while participating in approved school athletics.

This verifies that I have read and agree to abide by the philosophy stated above.

X Signed by student: _____ Date: _____

X Signed by parent: _____ Date: _____

INTERDISTRICT MIDDLE SCHOOL SPORTS PHYSICAL RECORD

(This form is patterned after a form cooperatively prepared by the National Federation State High School Athletics Associations and the Committee on Medical Aspects of Sports of the AMA. This form must be on file IN THE ATHLETIC OFFICE before a Student is permitted to start practice in any sports.)

Name of Student (PRINT)

Grade in Current School Year

Age

Birth Date

Height

Weight

PHYSICIANS CERTIFICATION

I hereby certify that I have on this date examined the above student and from the limited examination, I could attest no reason or him/her not to participate in supervised interscholastic athletics.

_____He/She can participate Restrictions_____

Date_____ Signature of Physician_____

Physician Address_____ Phone_____

Significant past illness or injury:

Please provide any other significant information which would help us meet the health needs of your child:_____

Please check the medication(s) below that you give your consent to Hancock Place Middle School to administer to your child. _____Acetaminophen _____Ibuprofen
_____Benadryl

For the continued safety of your child, please notify the school nurse if any of this information changes.

INTERDISTRICT MIDDLE SCHOOL SPORTS PROGRAM STUDENT MEDICAL/EMERGENCY FORM

Student _____ Address _____
(Last) (First)

Date of Birth ____/____/____ Grade ____ City _____ Zip _____

(1) Parent (guardian) _____

(2) Parent (guardian) _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell/Pager _____ Cell/Pager _____

Persons to be called if above cannot be reached – Please list two names:

Name _____

Name _____

Home _____

Home _____

Work Phone _____

Work Phone _____

Cell/Pager _____

Cell/Pager _____

Student's Physician _____

Phone _____

Hospital _____

Students Dentist _____

Phone _____

Is your child on any medications? _____NO _____YES if yes, please
specifiy: _____

List any immunizations your child has had within the past year: include month, day, year:

