

MBRSD Athletic Information/Consent Form

(must be completed each year)

Name: _____ Gender: _____ Age: _____ Sport: _____

Address: _____ Grade in 2020-2021 _____

Date of Birth: _____ Home Telephone: _____ Year entered 6th Grade _____

Parents' Work Phone(s): _____; _____ Parents' Cell Phone(s): _____; _____

Parents/Legal Guardians: _____

Relationship: _____ Address, if different from above: _____

Emergency Contact if parent/guardian cannot be reached:

Name: _____ Telephone: _____

Family Doctor: _____ Telephone: _____

Previous School Attended: _____ Dates: _____

Other Information (restrictions, etc.): _____

Consent Form:

Parent Consent: I hereby certify that the above named student may take part in interscholastic athletics for the 2020-2021 school year, which involve practice sessions, participation in events, and transportation to and from such events. I authorize the school to obtain any emergency medical treatment that may become reasonably necessary for the student in the course of such athletic activities or travel.

Insurance: MBRSD does not provide, but does require that students involved in athletics be adequately covered by accident insurance. Please check the appropriate space:

____ Student has purchased insurance through the school that covers the participation in football

____ Student has purchased the regular insurance through the school that covers all other sports

____ Student is adequately covered by family health and accident insurance.

Health Insurance Company: _____ Policy #: _____

Physical Examination: MBRSD requires that all athletes have a physical exam prior to participation in a competitive sport. Physical exams are typically valid for 15 months, depending on your provider. The term of a physical exam is not to exceed 2 years under any circumstances.

My son/daughter has met the physical exam requirements indicated above on this date _____.

An Interval Medical History Questionnaire (IHQ—reverse side of this form) must be completed by the athlete and parent/guardian each school year and must be on file in the nurse's office before sports participation.

Parent Signature: _____ Date: _____

Parent Email: _____

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

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Interval Medical History Questionnaire

Since the beginning of the last school year in which the student has participated in sports, has he/she:

- | | | |
|---|-----|----|
| 1. Had a fracture, dislocation, severe sprain, or concussion | yes | no |
| 2. Had injuries requiring medical attention (in E.R. or doctor's office) | yes | no |
| 3. Had illness lasting more than a week | yes | no |
| 4. Fainted or lost consciousness while exercising or playing sports | yes | no |
| 5. Had a surgical operation | yes | no |
| 6. Been in the hospital | yes | no |
| 7. Developed any new allergies to food, drugs, insects | yes | no |
| Does he/she: | | |
| 8. Have an Epipen | yes | no |
| 9. Have any long-term medical problems (asthma, diabetes, seizures) | yes | no |
| Please list _____ | | |
| 10. Have an inhaler | yes | no |
| 11. Take any medication | yes | no |
| 12. Wear glasses or contact lenses | yes | no |
| 13. Do you know of any reasons why he/she should not participate in any sports? | yes | no |

Please explain any "yes" answers to the above questions: _____

Date of last tetanus booster: _____

I have read and understand the MBRSD "Co-Curricular Policy" and the "Student Handbook" and understand the benefits and dangers of participating in athletic activities. To the best of my knowledge information included on this form is accurate and true.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Student agreement: I have read, understand, and agree to follow the MBRSD "Co-Curricular Policy" and the "Student Handbook" and am aware of the benefits and dangers of participating in athletic activities.

Student Signature: _____ Date: _____

Printed Name: _____

Please read carefully: All items must be completed correctly before the student may participate. The student or parent must return this form to the office.