



NEW LENOX SCHOOL DISTRICT 122
102 South Cedar Road, New Lenox, Illinois 60451
Phone 815-485-2169 Fax 815-485-2236

Appendix A

Authorization for Medical Treatment

To be submitted to the Athletic Director (please print)

Student

Sport/Activity

Parent/Guardian

Home phone

Home Address

Cell phone

Physician

Physician phone

Medical information: (list allergies, medications, conditions and any know restrictions)

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child/ward to any hospital reasonably accessible at my expense.

Parent/Guardian signature

Date



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Appendix C

Sports Contract

I have read and understand the rules governing participation, academic eligibility and Code of Conduct for all New Lenox School District 122 athletes:

Agreement to Participate – Student

Academic Eligibility Information

Code of Conduct – Athlete

Concussion Information Sheet

Print Student Athlete's Name _____

Signature of Student _____

We have read and understand the following information with our student/athlete. We recognize our responsibility as a parent and support the athletic programs at New Lenox School District 122.

Agreement to Participate – Parent/Guardian

Athletic Handbook

Authorization for Medical Treatment

Emergency Contact Information

Code of Conduct – Parent

Concussion Information Sheet

Signature of Parent/Guardian _____

Date _____

This form must be turned in along with the Authorization for Medical Treatment, Emergency Contact Information Sheet and Physical Form to your coach.

Participation in athletics is a privilege and not a right.