



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 B

Emergency Contact Information

To be submitted to the Athletic Director (please print)

| | |
|---|--------------------------|
| _____ Student | _____ Sport/Activity |
| _____ Parent/Guardian | _____ Home phone |
| _____ Home Address | _____ Cell phone |
| _____ Emergency contact #1 (relationship to student) | _____ Contact phone |
| _____ Emergency contact #2 (relationship to student) | _____ Contact phone |
| _____ Physician | _____ Physician phone |

Medical History: Date of Birth: _____ Height: _____ Weight: _____
 Heart condition Diabetes Asthma: Requires child to self-administer medication
 Epilepsy Allergies: Requires student to carry EpiPen®
 Other _____
List all medications (prescribed and over the counter)

Injuries (brief description and dates):

Surgeries (brief description and dates)

Physical activity restrictions (brief description and duration)

I certify that:

1. My child is in good health and is capable of participating in the above sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation, and will notify you of any changes.
2. I have completed and submitted the *Authorization for Medical Treatment Form* allowing the school to seek medical treatment for my child in the event of a medical emergency when reasonable attempts to contact me are unsuccessful.
3. If my child requires or may need medication while participating in athletics, I have completed and submitted the *School Medication Authorization Form*.

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.