

**THE GROSSE POINTE PUBLIC SCHOOL SYSTEM
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT - ATHLETICS**

FORM M

PLEASE PRINT

STUDENT'S NAME _____ DATE OF BIRTH _____ GRADE _____ TODAY'S DATE _____

I/We the parent or legal guardian of _____, a student at _____, hereby delegate to any coach, trainer, or administrator of The Grosse Pointe Public School System who has responsibility for supervising him/her, the authority to authorize and consent to any and all emergency medical, surgical, dental or hospital care or treatment while he/she is on an athletic trip. Such treatment is to be rendered by, or under the supervision of, a duly licensed physician or dentist. Such coach or administrator is fully authorized to act in accordance with his/her judgement in any such emergency and are absolved from any liability or financial responsibility to connection therewith.

ST JOHN PROVIDENCE HEALTH SYSTEM

I/We hereby authorize any medical provider associated with my school/organization, specifically _____ to use and/or disclose my clearance and health recommendations to the athletic director, coaches and medical personnel at my school/organization to inform them of my health status for the participation in athletics or activities. I understand that my refusal to sign this authorization may affect my child's ability to participate in athletics. Medical information to be disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the State or Federal law.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____		HOME ADDRESS _____	HOME PHONE NUMBER _____
NAME OF FATHER'S PLACE OF EMPLOYMENT _____		ADDRESS _____	PHONE NUMBER _____ PAGER/CELL PHONE _____
NAME OF MOTHER'S PLACE OF EMPLOYMENT _____		ADDRESS _____	PHONE NUMBER _____ PAGER/CELL PHONE _____
NAME OF MEDICAL/HOSPITAL INSURANCE COMPANY _____	NAME OF SUBSCRIBER _____	ADDRESS _____	PHONE NUMBER _____ CONTRACT DATE _____ GROUP NUMBER _____ SERVICE NUMBER _____
CONTRACT NUMBER _____	Y _____ N _____	Please list any allergies your child has _____ (dietary, medical, etc.) _____	

*Both Parents are to sign where applicable

EMERGENCY INFORMATION

NAME OF PHYSICIAN _____	ADDRESS _____	PHONE _____	NAME OF DENTIST _____	ADDRESS _____	PHONE _____
IF UNABLE TO CONTACT PARENTS, CALL:			1) _____		
NAME _____	ADDRESS _____	PHONE _____	2) _____		
NAME _____	ADDRESS _____	PHONE _____	NAME _____		

THE GROSSE POINTE PUBLIC SCHOOL SYSTEM

WAIVER OF LIABILITY -- ATHLETIC TRIPS

PARENT PERMISSION

STUDENT'S NAME _____

PLEASE PRINT

_____ has my permission to take

STUDENT NAME - PLEASE PRINT

part in a district-approved sport or club sport and to accompany the teams to all away games and district-approved out-of-town trips for team events. Students may travel by automobile, van, bus, airplane, or other public/commercial carrier.

In consideration of my daughter/son being provided with the opportunity to participate in an officially sponsored and approved athletic trip, which involves his/her traveling to and from athletic competitions and events, I hereby waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to the Grosse Pointe Public School System, or School System personnel or the adult chaperones, except to the extent that any damages related to such a right or a cause of action may be covered by the School System's policies of Liability Insurance.

BEHAVIOR AGREEMENT

All educational/athletic trips require cooperation, responsibility, and good behavior on the part of each participant, for the good of all involved. While on an educational trip, students are required to abide by the Student Behavior Code (as it appears in the student handbook or rules), as well as in the Student Conduct and Discipline -- Athletics (JCD-R) rules.

Any student using or possessing alcohol, tobacco, or other drugs (excepting medications as listed on the MEDICAL INFORMATION SHEET) will automatically be sent home at the person's expense after parents or another responsible adult has been contacted.

I, the undersigned, understand the above, realize the necessity for the rules, and agree to cooperate.

CODE OF CONDUCT
I understand that participation in athletics is a privilege and that all athletes are subject to the athletic code of conduct from the moment they begin participation in athletics until graduation. I further understand that the policy regarding substance abuse is in effect for 365 days a year and includes violations which occur off school grounds. I realize that consequences for substance abuse include, (but are not limited to) 20% suspension from contests (1st offense), 40% suspension from contests (2nd offense), and permanent suspension from all involvement in athletics (3rd offense). All consequences include a counseling requirement provided by the school district.

STUDENT SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

SCHOOL YOU ATTENDED LAST YEAR: _____