

If you know of any reason your child should not participate in a sport please list/explain:

JCSD EMERGENCY MEDICAL CARD 2024-25 (must be on file w/ JCMS)

Student Name _____

Grade _____ DOB ____/____/____ Age _____

Parent/Legal Guardian _____

Parent/Legal Guardian Contact (Home #) _____

(Cell #) _____ (other #) _____

Parent/Legal Guardian EMAIL _____

Address _____ City _____ ZIP _____

Emergency Contact Person _____

Emergency Contact #'s _____

Allergies & Health Disorders _____

Current Medications _____

Insurance Carrier _____ Policy # _____

Family Doctor _____

Interim health questions: has the child ever experienced any of the following:

Passed out or been Dizzy during exercise

Had Chest pain During exercise

Tires more quickly than friends/frequently

Has been told they have a heart murmur

Has palpitations/skipped beats of heart

Had baseline concussion training

Anyone in the family passed away due to heart problems or suddenly before the age of 50

Has the student or anyone in the family experienced seizures

Ever has a prolonged, unexplained viral illness

Student uses Medication (please list above)

Ever been denied participation in sports

Had injuries in the past year

Had surgery in the last year

Is currently under a physicians care

Diabetic

I HEREBY CONSENT OF MY SON/DAUGHTER PARTICIPATING IN A CO-CURRICULAR SPORT DURING THE SCHOOL YEAR AS DIRECTED BY JEFFERSON COUNTY SCHOOL DISTRICT 509J. THE PARTICIPATION IN A SPORT THAT INVOLVES THE MOVEMENT OF THE HUMAN BODY CARRIES WITH IT THE POSSIBILITY OF INJURY THAT COULD LEAD TO DEATH OR PERMANENT DISABILITY. ALTHOUGH THIS IS EXTREMELY RARE IN MIDDLE SCHOOL ATHLETICS, THE POSSIBILITY ALWAYS EXISTS. I AM AWARE THAT THERE IS A RISK OF SERIOUS INJURY INVOLVED IN PARTICIPATING IN ATHLETICS AT **DISTRICT 509J** SCHOOLS.

IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY NECESSITATING, MEDICAL TREATMENT, I HEREBY AUTHORIZE THE ADVISOR OR COACH OF MY CHILD TO OBTAIN EMERGENCY MEDICAL TREATMENT. I ALSO RELEASE ANY LIABILITY OF ANY KIND WITH THE ACTIONS TAKEN IN GOOD FAITH BY THE SCHOOL DISTRICT PERSONNEL IN PROVIDING EMERGENCY MEDICAL TREATMENT. I FURTHER AGREE THAT SCHOOL DISTRICT PERSONNEL MAY SEEK THE NEAREST AVAILABLE TREATMENT FROM ANY PHYSICIAN OR MEDICAL FACILITY AS THEY DEEM BEST ABLE TO PROVIDE SAID TREATMENT IN THE BEST INTEREST OF MY CHILD.

I UNDERSTAND THAT ATHLETIC ACCIDENT INSURANCE IS NO LONGER A REQUIREMENT FOR PARTICIPATION IN JEFFERSON COUNTY SCHOOL DISTRICT 509J'S ATHLETIC PROGRAMS. I RECOGNIZE THAT IN CASE OF INJURY TO MY SON/DAUGHTER, THE COST OF TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF THE SCHOOL DISTRICT. JEFFERSON COUNTY SCHOOL DISTRICT 509J DOES NOT PROVIDE STUDENT INSURANCE. I FURTHER UNDERSTAND THAT IT IS STRONGLY RECOMMENDED THAT MY SON/DAUGHTER BE COVERED BY MEDICAL INSURANCE WHILE PARTICIPATING IN SCHOOL-SPONSORED ACTIVITIES.

I UNDERSTAND THAT STUDENT GRADES WILL BE CHECKED EVERY FRIDAY DURING THE SEASON. STUDENTS WITH MORE THAN ONE (1) FAILING GRADE (F) OF HAVING A GPA BELOW 2.0 WILL BE CONSIDERED ACADEMICALLY INELIGIBLE, AND WILL NOT BE ALLOWED TO PARTICIPATE UNTIL ACADEMICALLY ELIGIBLE. CONTINUED INELIGIBILITY COULD RESULT IN DISMISSAL FROM THE SPORT.

I HAVE RECEIVED, UNDERSTAND, AND AGREE TO THE TERMS OF THE STUDENT ATHLETIC HANDBOOK.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE: _____