

**BLOOM-CARROLL HIGH SCHOOL ATHLETIC DEPARTMENT  
2009-10 EMERGENCY MEDICAL AUTHORIZATION**

An Emergency Medical Authorization must be on file with the respective Head Coach of each sport an athlete participates in. Every effort will be made to pass on completed forms to the next season's Head Coach. The information supplied here will allow our coaches, team physicians and sports medicine staff to react to medical situations in a manner that will satisfy the needs of our student athletes and the desires of our parents.

NAME OF ATHLETE \_\_\_\_\_ Grade(09-10) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE(\_\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

To enable parents/guardians/custodians to authorize the provision of emergency treatment for athletes who become injured while under school authority, the following information must be provided:

Residential Parent/Guardian

Mother's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

Other's Name \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Relative or Childcare Provider

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I: TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Hospital \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above- named medical providers or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed medical providers, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history to which a physician should be alerted:

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

.....OR.....

**PART II: REFUSAL TO CONSENT** I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

BLOOM-CARROLL LOCAL SCHOOL DISTRICT  
ATHLETIC ACCIDENT INSURANCE STATEMENT/STUDENT RIDER CONSENT

**-Student Name (PRINT)**

**Grade 09-10**

**-Parent Name (PRINT)**

The Bloom-Carroll Schools strongly recommend that families of students involved in school athletic activities carry medical accident insurance. This is to protect the family from medical costs in the case of an athletic injury. The school recommends that either the student be insured by family medical insurance or that the family purchases the accident insurance that is available through the school.

Please indicate which insurance option you are choosing:

Option 1 \_\_\_\_\_ I/We have family medical insurance that insures for medical costs associated with accidents or injuries involved with athletic participation. I/We also understand that neither the Bloom-Carroll Local School District nor its employees are responsible for such medical costs when there is no negligence on the part of the employee or school district.

Option 2 \_\_\_\_\_ I/We will purchase accident insurance that is available through the school. I/We understand that the Bloom-Carroll Local School District nor its employees are responsible for such medical costs when there is no negligence on the part of the employee or school district.

**-Parent Signature**

**Date**

**STUDENT RIDER CONSENT FORM**

In the event that, due to extraordinary circumstances, a school bus would not be available to transport my son/daughter:

(Please Check One Option and Sign Below)

\_\_\_\_\_ I give consent for \_\_\_\_\_ to ride a privately owned automobile\*\* to \_\_\_\_\_  
**Student Name**  
and from an extracurricular athletic contest.

\_\_\_\_\_ I **Do Not** give consent for my son/daughter to ride in a privately owned automobile.

**-Parent Signature**

**Date**

\*\*Students participating in extra-curricular activities shall be transported to activities from school by one of the following methods:

1. SCHOOL BUS - This is the preferred method of transportation to activities; however, it is recognized that, in certain instances, school bus transportation may be unavailable because of regular bus routes, distance traveled or size of group.

2. PRIVATE CARS DRIVEN BY ADULTS-Private cars driven by adults may be utilized by the coach in charge of the sport when school transportation is not available. In such cases the following precautions must be taken:

a. Prior approval must be obtained from the building principal.

b. The group must depart for the activity from a common location.

c. The group must travel as a caravan, with the coach in the leading car.

d. Parent permission to utilize alternate transportation must be secured before the trip.

e. Coach must be sure that each driver has a valid drivers license and insurance coverage.

f. Coach must make a visual check of each vehicle. Cars with obvious mechanical problems will not be used in transporting

students.

3. PRIVATE CARS DRIVEN BY STUDENTS-This is the least preferred method of transporting students to activities and must be only used as an absolute last resort. The use of student drivers must be approved by the building principal. All precautions as listed in #2 must be taken. The group must travel as a caravan, with the coach in the leading car.

**BLOOM-CARROLL LOCAL SCHOOLS**

**STUDENT/PARENT ATHLETIC HANDBOOK AGREEMENT  
AND INFORMED CONSENT FOR DRUG TESTING**

**Student Name** \_\_\_\_\_ **Grade for 2009-2010 School Year** \_\_\_\_\_

**AS A STUDENT:**

- \* I understand and agree that participation in athletics is a privilege that may be withdrawn for violations of the Student Athletic Handbook.
- \* I have read the Student/Parent Athletic Handbook and thoroughly understand the consequences that I will face if I do not honor my commitment to the rules of the Handbook.
- \* I understand and realize that there is a risk of injury in participating in athletic activities.
- \* I understand that when I participate in any athletic program, I will be subjected to random urine drug testing, and, if I refuse, I will not be permitted to practice or participate in any athletic activities. I have read the consent on the previous page and agree to its terms.
- \* I understand that this agreement is binding while a student at Bloom-Carroll High School

**-Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- \* I have read the Student/Parent Athletic Handbook and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Bloom-Carroll Local Schools.
- \* I pledge to promote healthy lifestyles for all student athletes of the Bloom-Carroll Local Schools.
- \* I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.
- \* I understand that my son/daughter/ward, when participating in any athletic program, will be subjected to random urine drug testing and, if they refuse, will not be allowed to practice or participate in any athletic activities. I have read the consent on the previous page and agree to its terms.
- \* I understand that any challenges or repeat testing that I request will be done at my own expense, and that any additional testing must be performed at a SAMHSA certified laboratory.
- \* I understand that this agreement is binding while my son/daughter/ward is a student at Bloom-Carroll High School.
- \* I also understand that if I wish to have my son/daughter/ward tested for drugs of abuse outside the program guidelines above, I will be offered a discounted price of \$30.00 for the screen and confirmation. Collections for these tests must be scheduled by the parent/guardian/custodian with Fairfield Medical Center and collections must be performed at Fairfield Medical Center and accompanied by cash payment.

**-Parent/Guardian/Custodian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**-Parent/Guardian/Custodian Name (Print)** \_\_\_\_\_

**-Home Phone** \_\_\_\_\_

**-Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**-Email address** \_\_\_\_\_

CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING  
SCHOOL YEAR 2009-2010

We hereby consent to allow the student named on the "Informed Consent for Drug Testing" form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Drug Testing of Students in Interscholastic Athletics as approved by the Bloom-Carroll Local School Board.

We understand the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Bloom-Carroll Local School Board, their laboratory, doctors, employees or agents, or together with any clinic, hospital or laboratory designated by the selected medical vendor to perform urinalysis for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Bloom-Carroll Local School Board, its doctors, employees or agents to release all results of these tests to the Medical Review Officer (MRO). We understand these results will be forwarded to the Prevention Coordinator only.

We understand that consent pursuant to the Informed Consent Agreement will be effective for all athletic sports in which this student athlete might participate during the current school year.

We hereby release the Bloom-Carroll Local School Board of Education and its employees from any legal responsibility or liability for the release of such information and records.

This will be deemed as a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.