



Emergency Information and Athletic/Extracurricular Participation Form

Student's Name _____ D.O.B. _____

Student's Grade Level for 2018-2019: (circle)

6 7 8 9 10 11 12

The over the counter medications listed below may be given to students on an as needed basis. All medications will be given at the weight appropriate doses recommended by the manufacturer. Please place an "X" over any medications you DO NOT want your child to have.

Hydrocortisone Cream Tylenol Ibuprofen TUMS Cough Drops

My child, as listed above, has my permission to participate in physical education and all other activities deemed appropriate and directed by Notre Dame Academy faculty/staff. I understand that all precautions will be taken to ensure the safety of the students. I also recognize that there are inherent risks involved in certain activities. Understanding that my child may need emergency medical treatment during school hours or at school activities while he/she attends NDA, I authorize the School, through its nurse or other qualified person, to administer such first aid or other medical treatment, including over the counter medications, as shall be deemed best under the circumstances. I consent for my child to receive such treatment. I understand that the School will attempt to notify parents in the event of an emergency requiring immediate medical care for my child. If school personnel are unable to notify parents, they will have my child treated by a duly qualified physician at the nearest appropriate emergency hospital or clinic. To ensure the care of my child, I agree that pertinent health information must be provided to, and shared with appropriate school staff. I agree to alert the school nurse and my child's teacher of any change in medications and/or health status of my child. I will furnish the school with a current telephone number and address in case of an emergency.

I will personally deliver any prescription medications to the school nurse and complete the medication administration permission form.

Parent/Guardian Signature

Emergency Contact 1 (other than parents) _____

Emergency Contact Phone _____ Cell _____

Emergency Contact 2 (other than parents) _____

Emergency Contact Phone _____ Cell _____

Home Phone _____

Mother Cell _____ Mother Work # _____

Father Cell _____ Father Work # _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Please see other side

Name _____ Weight _____ D.O.B. _____ Grade _____

Medical Problems/conditions: _____

Allergic to: _____ Reaction: _____

History of Anaphylactic Reaction: Y N (circle one) and explain _____

Treatment for allergy : _____

If a child has a food or insect allergy that may require medication, an Allergy Action Plan, available in the clinic, must be filled out by the child's physician. Any emergency medications necessary must be provided to the school by the parent(s). NDA will provide an Allergy Action Plan for the parent(s) to have filled out by the physician based on the information on this sheet. Please contact the school nurse to formulate a plan for the treatment of your child's allergy that may require medication.

Does the student take any medication? Yes No. If Yes, please indicate medication, reason for medication & dose: _____

Is medication taken daily or as necessary? _____

My child, _____ has the opportunity to participate in intramural and interscholastic organized sports, athletic or other activities provided or sponsored by Notre Dame Academy. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, including concussions. I further recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in intramural and interscholastic organized sports, athletics or other activities provided or sponsored by Notre Dame Academy. **A GHSA physical form must be filled out for extra curricular sports activities. GHSA recognizes physical done on or after April 1 to be good for the entire school year.**

PLEASE INITIAL EACH STATEMENT AND SIGN BELOW

Initial

___ I give my express permission for my child to participate fully in any intramural and interscholastic organized sports, athletic or other activities provided or sponsored by Notre Dame Academy.

___ I give my consent for my child to accompany any school team for which my child is a member on any of its local or out-of-town trip. I fully understand that the school will provide transportation when it is possible. If this is not possible, my child may only transport him or herself or be transported by an authorized adult.

___ I assume all risk, including any risks associated with any special medical needs or condition of my child, as listed on the Preparticipation Physical Evaluation Form, and of my child's participation in any such sport or activity (including travel incident thereto).

___ I authorized any coach or other adult supervising any sport, athletic or other activity in which my child participates to obtain on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation.

___ I/we give my/our consent for the school's Certified Athletic Trainers, Coaches, Team Physicians, Team Chiropractor, moderators and emergency personnel to use their best judgement in securing medical aid and ambulance service in case I/we cannot be reached. Such care for managing their injury or injuries may include but is not limited to suturing, injectable analgesics, IV fluid, nebulizer treatment, over the counter medications, adjustments, splint application or any other care deemed necessary.

___ I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation and travel.

___ I agree that all expenses relating to or arising out of any such injuries or loss of life will be my financial responsibility. My child and I agree to release, hold harmless and indemnify Notre Dame Academy and its officers and employees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity or loss of life relating to or arising out of my child's participation, including travel, in any such sport or activity.

Parent's Signature _____ Date _____