***Appendix A***

**Orville H. Platt High School**

**Permission to Participate and Provide Medical Treatment**

I hereby acknowledge that we (student-athlete and parent/guardian) have read the Athletic Rules and Regulation posted on the Platt Athletic Website concerning the following:

 HIGH SCHOOL ATHLETIC PHILOSOPHY

 POLICY/CODE OF CONDUCT

 INJURIES AND INSURANCE INFORMATION

 CIAC INFORMATION

 DISTRICT ACADEMICS REQUIREMENTS OF ATHLETES

I/we give permission for my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the

 (student-athlete)

sport of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ realizing that such activity involves the potential for injury which is inherent in all sport. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. I/we authorize appropriate first aid medical treatment for ANY injury or illness that he/she may sustain or acquire while engaged in interscholastic athletics at Platt High School, including team travel for local or out of town trips. I/we understand that if my child sufferers an injury or illness that may put life or limb at risk, Emergency Medical Services will be immediately summoned for transport to the hospital, the athletic trainer and/or team physician will initiate emergency medical intervention(s) within their scope of profession practice until EMS arrives, and the parent will be notified as rapidly as possible. Having understood the above agreement, I acknowledge that medical treatment will be provided to my child as deemed necessary for emergency and non emergent injuries and illness.

Please fill out the following information:

Student-athletic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Personal Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The PHYSICAL EXAMINATION will be conducted by (please check one):

 Private physician \_\_\_\_\_\_\_\_\_\_\_ School Physician\_\_\_\_\_\_\_\_\_

I/we acknowledge that I/we have read and understand all of the information on this form.

Signature of Student-Athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please return this form to the Coach.**