

PARENT/STUDENT RELEASE FORM FOR ACTIVITIES

This form along with the respective physical card must be on file before checking out equipment and/or starting practice.

(Student Name) _____ (Date of Birth) _____ (Grade) _____ (School Year) _____

PARENTS - PLEASE READ & COMPLETE CAREFULLY

1. I/we hereby give my/our consent for the above named student to participate in the approved activities of Lexington High School except those crossed out below. Cross out only those activities you do NOT give your son/daughter permission to participate in.

<u>Other Activities</u>			<u>Athletics</u>		
Student Council	Speech Multicultural Club	Improv	Athletic Letter Club	Football	Soccer
Instrumental Music	Thespians		Photo Club/Annual	Cross Country	Drill Team
Vocal Music	Honor Society		Play/Musical	Basketball	Cheerleading
FEA	Octagon Club		FFA	Wrestling	Track
Academic Decathlon	Special Olympics		Boys & Girls State	Golf	Volleyball
Play Productions	FBLA		Class Governments	Tennis	Softball

By participating in organized Lexington High School activities, I/we realize that such activity involves the potential for injury which is inherent in all activities. I/we acknowledge that even with the best coaching/sponsoring, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

(1) _____ (Parent/Guardian Signature) _____ (Date) _____

2. I/we hereby give my/our consent for the above named student to accompany any school group of which he/she is a member on any of its local or out-of-town trips. (2) _____ (Parent/Guardian Signature) _____ (Date) _____

3. I/we authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel or during the normal school day, if the parents/guardian cannot be contacted.

I grant permission to administer anesthetic and/or emergency treatment as required to my son/daughter. Please sign #3 and complete the information below.

(3) _____ (Parent/Guardian Signature) _____ (Date) _____

PLEASE COMPLETE THE FOLLOWING INFORMATION (if #3 is signed)

Parents' Name _____ Address _____

Home Phone # _____ Work Phone # _____

If no answer, please phone in case of emergency _____ Home Phone # _____ Work Phone # _____

Physician _____ Phone # _____

Hospitalization Insurance: (Type, group & ID Number) _____

History of Diabetes or epilepsy: (Yes) (No) (Please list if Yes) _____

Allergy to Sulfa, Penicillin, etc.: (Yes) (No) (Please list if Yes) _____

Allergy to Anesthetic: (Yes) (No) Permission to administer and to treat (Yes) (No)

4a. I/we have read the policies concerning activities including those of the Nebraska School Activities Association (NSAA) and all policies for each of the separate activities of Lexington High School found in the Activities Guidelines and understand them fully. I/we agree that my/our son/daughter will abide by these policies while he/she is involved in activities of Lexington High School and that the school and its sponsors/coaches/teachers/administrators will follow these policies as nearly as possible.

I/we further understand that should there ever be a time whereby I/we have a question regarding these policies or if my/our son/daughter has not been in accordance with these policies, a conference may be requested with school personnel (principal, and/or coach/sponsor) to discuss the matter further. (Complete due Process Procedure for NSAA policies is available from the principal's office.)

4b. I/we understand that the school carries no insurance of any kind to cover medical expenses incurred while participating in activities and/or while attending school and I/we assume all such expenses personally. (NOTE: Examine your insurance policies carefully to make sure they cover interscholastic athletic participation.)

4c. I/we give permission for any relevant health information of my child, necessary for educational planning and/or student safety, to be shared among appropriate school personnel who serve the student (for example: nurses, teachers, coaches, or staff member administering medication).

(4) _____ (Parent/Guardian Signature) _____ (Date) _____ (Student Signature) _____ (Date) _____