



# RSU23 Medical Information and Consent Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Emergency Contacts OTHER than Parent/Guardian

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### AS A PARENT/GUARDIAN

I acknowledge that I have received, read, and understand the RSU23 Athletic Policy in the students handbook; which, any athlete participating on an RSU23 Athletic Team is required to abide by.

I acknowledge and am aware that there is risk of injuries that are inherent as of a result of my child's participation in any sport. I am aware that injuries may be severe and may include: fractures, brain injuries, paralysis, or even death, but consent to the above named child's participation in athletics. This will act as permission slip for circled activities at the end of the document.

I consent for the volunteer physician to treat or consult with the athletic trainer regarding my child while participating in athletics at RSU23. This may include reviewing radiology studies, direct evaluating, and sharing other medical information as necessary to make a safe expeditious return to play decision. I consent for the trainer to evaluate and treat my child.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\*\*\*PLEASE SEE THE OTHER SIDE FOR INSURANCE INFORMATION AND SIGNATURE\*\*\*\*

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## INSURANCE

RSU23 requires that all students participating in athletics have ample accident insurance before that are able to tryout, practice, and/or compete. Information on purchasing accident insurance will be provided by the school district. Parents interested in more information may contact the Loranger Athletic Director or Main Office at 934-2361 during the school day.

## Agreement

I understand that my child must have ample accidental insurance coverage before he/she is able to participate in any form of athletics at RSU23. I also understand that should my child's coverage change during the school year, I must notify Loranger Memorial School immediately.

Insurance Carrier \_\_\_\_\_ Holder of Policy \_\_\_\_\_

Policy # \_\_\_\_\_ Group Number \_\_\_\_\_

Social Security Number of Holder of the Policy \_\_\_\_\_

My signature acknowledges the following:

- I have received the provided Concussion Information Sheet
- I understand the risk of participation in athletics at RSU23
- I consent to treatment by the Certified Athletic Trainer or first aid by school personnel
- The medical history information provided is up to date and accurate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

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*RSU Athletic Offerings - Please circle the sports your son/daughter will participate in during this school year.*

### Fall

Cross Country

Football

Girls Soccer

Boys Soccer (LMS only)

Field Hockey

### Winter

Girls Basketball

Cheering (LMS only)

Boys Basketball

Girls Hockey (HS only)

Boys Hockey (HS only)

### Spring

Softball

Baseball

Track