



# Athletic Consent Form

(To be completed yearly for each grade)

## Student Information

First Name:	Last Name:	MI:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address:	Gender:	Grad Year:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (day/month/year):	Address:
<input type="text"/>	<input type="text"/>

City:	State:	Zip Code:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Name:	Relation:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*In case of an emergency (when Parent/Guardian cannot be contacted, please notify:*

Name:	Relation:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Medical Information

Date of Last Physical (day/month/year):
<input type="text"/>

Date of Last Tetanus Shot (day/month/year):
<input type="text"/>

Allergies:
<input type="text"/>

Current Medications:
<input type="text"/>

Any health problems?:
<input type="text"/>

Family Doctor Name:	Day Phone:	Evening Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Since the athlete's last physical examination, have they:*

Had surgery? If yes, explain:
<input type="text"/>

Been hospitalized? If yes, explain:
<input type="text"/>

Had a serious illness? If yes, explain:
<input type="text"/>

Had an injury requiring a Physician's care? If yes, explain:
<input type="text"/>

# Athletic Consent Form

(continued)

## Concussion Education

To comply with Idaho Concussion Law House Bill 632, please visit the following online sites for concussion recognition/management materials and resources. Initial in the space provided below when complete.

1. <http://legislature.idaho.gov/legislation/2012/H0632.pdf>
2. [www.cdc.gov/concussion](http://www.cdc.gov/concussion)
3. [www.nfhslearn.com](http://www.nfhslearn.com)

I have read these educational sites and completed my concussion education: \_\_\_\_\_ (initial)

## Consent Form

- I hereby consent to \_\_\_\_\_ (name of student-athlete) participating in the interscholastic athletic program at Riverstone International School. This consent includes travel to/from athletic contests and practice sessions.
- I hereby give consent to the sports medicine department and/or coach to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Riverstone International School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the sports medicine department and/or coach may secure emergency medical services, if needed, as a result of an injury during participating in sanctioned practices/games scheduled by Riverstone International School.
- I hereby understand and accept any and all medical expenses that may be incurred due to possible injury(ies) sustained while participating in a school/sanctioned activity(ies). This includes all practices, travel and game situations during the entire year (Aug 1 - July 31 of the following year).

My child will participate in the following sports during the above school year:

Volleyball

Basketball

Soccer

Signature of Parent/Guardian:

Date:

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*My participation in interscholastic athletics at Riverstone International School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulation of the IHSAA and Riverstone International School.*

Signature of Athlete:

Date:

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Signature of Riverstone Athletic Director:

Date:

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