MADISON BOBCATS

MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written authorizing agent to give approval.

_____ _____

Athlete's Printed Name Athlete's DOB

_____

Athlete's Signature

Insurance Coverage:

As the athlete's parent or guardian, you must provide insurance coverage information on the physical/parent permission form below. If a family wishes to purchase student accident insurance for their child, a form can be obtained from the Athletic Office. The Madison School District does not pay for medical expenses related to injury during competitions or practices. Personal insurance or purchased school insurance is required. It is the parent/guardian's responsibility to obtain the appropriate insurance coverage.

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I the undersigned do hereby authorize Madison High School/Coach or such substitute as he/she may designate as agent for the undersigned to consent to any X-Ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

_____ _____

Parent's Signature Date

_____ _____

Parent's Printed Name Phone

_____ _____

Parent's Address City, State, ZIP

_____ _____

Insurer Policy Number

_____ _____

Family Physician Physician's Address

INTERM QUESTIONAIRE

PLEASE PRINT

_____			Male / Female	_____
Student Last Name	First	M.I.	(circle one)	Date

Since his/her last athletic physical examination, has this student:

		YES	NO
(1)	Had surgery	___	___
(2)	Been hospitalized	___	___
(3)	Been under a physician's care	___	___
(4)	Had a serious illness	___	___
(5)	Had an injury requiring a physician's care	___	___
(6)	Been rendered unconscious	___	___
(7)	Started taking any new medications	___	___
(8)	Developed any new drug allergies	___	___
(9)	Developed any health problems	___	___
	(Please explain all **yes** answers)		

My child ___ **should** or ___**should not** have a physical examination prior to participation in high school athletics.

_____
Signature of Parent or Guardian

MADISON SCHOOL DISTRICT EXTRACURRICULAR

CONSENT FORM

I have received and have read and understand a copy of Madison School District's "Extracurricular Activities Drug-Testing Program". I desire that _____ participate in this program and in the extracurricular program of Madison High School and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20___

_____ _____
Student Signature Parent/Guardian Signature

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PLEASE READ CAREFULLY AND ONLY SIGN BELOW IF YOU ARE **NOT** PLANNING TO PARTICIPATE THIS YEAR.

I, _____, have decided **not** to participate in any extracurricular activities sponsored by Madison High School for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to urinalysis.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date