

MEDICAL TREATMENT CONSENT FORM

I, _____, the parent or legal guardian of

 Name of Parent or Guardian

_____, a student in the Alton Community

 Name of Student-athlete

Unit School District No. 11, hereby grant permission for _____

 Name of Student-athlete

to participate in _____. I hereby grant permission for the school

 Name of activity

Employee in charge of the activity in which the student is participating to arrange for medical treatment, including transportation to and admission and treatment in a hospital when necessary, in those instances where the employee believes immediate treatment is necessary to maintain the health and physical well-being of the student. Further, I agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services, and other related costs. I also understand that health information will be communicated by ACUSD #11 using the Healthy roster health information system that is shared with parents and school staff.

EMERGENCY INFORMATION

_____	_____	_____
Person to be notified in case of emergency	Home phone	cell phone
_____	_____	_____
Alternate Person to be notified	Home phone	cell phone
_____	_____	_____
Name of Physician	Business phone	
_____	_____	_____
Name of preferred hospital	Name of Insurance Company	
_____	_____	_____
Signature of Parent or Guardian	Date	Parent email address

Athletic Handbook/Code of Conduct – Pledge Sheet

I have access to the Alton School District Athletic Handbook (<https://www.altonathletics.org/>) and agree to adhere to all rules and regulations. I understand that failure to abide by these rules/regulations and other reasonable rules established by the coach may result in my removal from the team.

_____	_____	_____
Student-athlete Name Printed	Student-athlete signature	Date
_____	_____	_____
I understand the rules and regulations of the Alton School District Athletic Handbook and support my son/daughter and the coaching staff in enforcing these rules and regulations.		
_____	_____	_____
Parent or Legal Guardian Name Printed	Parent or Legal Guardian signature	Date