

MASON CREEK MIDDLE SCHOOL

PHYSICAL PACKET CHECKLIST

Parents/Athletes,

Please complete **ALL** forms before returning the packet to Coach Coward. If all forms are not signed, the packet will be returned to the student.

Thank you!

_____ **EMERGENCY MEDICAL AUTHORIZATION – Fill out all information**

- Signed and dated by parent/guardian
- Signed and dated by student

_____ **HISTORY FORM – Fill out all information**

- Signed by athlete
- Signed and dated by parent/guardian

_____ **PHYSICAL EXAMINATION FORM**

- **TO BE COMPLETED BY A DOCTOR OR NURSE PRACTITIONER**
- **SIGNED, DATED** and **STAMPED** by a Doctor or Nurse Practitioner

_____ **CLEARANCE FORM**

- **TO BE COMPLETED BY A DOCTOR OR NURSE PRACTITIONER**
- **SIGNED, DATED** and **STAMPED** by a Doctor or Nurse Practitioner

_____ **SCHOOL EMERGENCY HEALTH INFORMATION CARD – Fill out all information**

- Signed and dated by parent/guardian

_____ **GHSA STUDENT/PARENT CONCUSSION AWARENESS FORM**

- Student name printed, signed, and dated
- Parent/guardian name printed, signed, and dated

_____ **DCSS CONDUCT AGREEMENT FOR ATHLETIC PARTICIPATION**

- Signed and dated by student
- Signed and dated by parent/guardian

_____ **FIELD TRIPS AND EXCURSIONS FORM – Fill out all information**

- Signed by student
- Signed and dated by parent/guardian

DOUGLAS COUNTY SCHOOL SYSTEM ~ RELEASE / EMERGENCY MEDICAL FORM

PLEASE READ CAREFULLY

EMERGENCY MEDICAL AUTHORIZATION

Student: _____ Home Phone: _____ Address: _____

Mother's Name: _____ Bus. Phone: _____ Father's Name: _____ Bus. Phone: _____

Family Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Insurance Company: _____ Policy # _____ Group # _____

WHOM CAN WE CONTACT IF NO PARENT/GUARDIAN CAN BE REACHED TO ASSUME RESPONSIBILITY FOR THIS STUDENT?

Name: _____ Phone: _____

Activities Agreement

To insure the proper atmosphere for interscholastic competition, the participant and his/her parents or guardians must understand and cooperate in helping establish that atmosphere by adhering to all school rules and regulations. When a violation of school rules occurs proper steps will be taken. A participant may be suspended from participating in interscholastic activities or from a team for violating any of the following standards: (1) falsification of physician's signature, parent or guardian's signature, any information pertaining to school enrollment, school records, or interscholastic activity forms; (2) use of, possession of, or distribution of alcohol or tobacco; misuse of non-prescription drugs, or of controlled substances; (3) theft or destruction to property of any school or individual; (4) repeated acts of unsportsmanlike conduct; (5) failure to follow rules as set for individual activities by coaches.

A student must have his/her parent's or guardian's signed permission to participate. All athletic participation requires a physical examination with the doctor's permission to participate. The participant is required to abide by the rules and regulations of the State Board of Education, the Douglas County Board of Education, and the Georgia High School Association.

Informed Consent

We realize that such activities involve the potential for injury to our son or daughter which is inherent in all activities. We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries to our son/daughter are still a possibility. We recognize that on rare occasions these injuries to our son/daughter can be so severe as to result in total disability, paralysis or even death.

Drug Testing Consent (High School Only)

We understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. We further understand that refusal to take the test, failure to report for the test, or if the test establishes a violation of the drug testing policy, our son/daughter will be subject to consequences as set forth by the drug testing policy (JCDAB-R (1)).

General Release

It is anticipated that my son/daughter, while a participant in interscholastic activities in the Douglas County School System, will travel to many activities off campus. Transportation for my child to these off campus activities may be school buses, private vehicles, or alternate transportation operated by employees or agents of the School System. In consideration of their performing this valuable service for me and my child, I hereby release and discharge any and all claims and causes of action of any kind or nature which may arise out of my child's travel while at school both for myself and my minor child. It is the express intent of this release to forever hold the Douglas County School System, its agents and employees, harmless for any injuries which may occur to my child as a result of travel while he or she is in the custody of the School System.

Insurance Waiver

I fully understand that the Douglas County School System does not provide any insurance and it is my responsibility to provide insurance coverage for my son/daughter. The Douglas County School System will not assume liability for injuries incurred by my son/daughter during participation in or practice of any interscholastic activity.

A parent/guardian may elect to enroll the participant in a supplemental school insurance program which is authorized by the Douglas County School System. If you choose to purchase coverage through this plan, contact the school principal or head coach for additional information.

Authorization:

In case of an emergency or accident during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I authorize the school to take such emergency actions as may be deemed necessary, including the transportation of the student to a hospital or medical center and authorizing medical treatment. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise. I assume the responsibility for any medical expenses incurred during this emergency. The coach, school, or the Douglas County School System will not be held responsible for any medical expenses.

Permission to Participate:

I have carefully read and understand each of the above section and will comply with these policies or statement. Permission is granted to my son/daughter to practice and complete in interscholastic activities.

Parent/ Guardian Signature _____ Date: ____/____/____ Mo. Day Year Student Signature _____ Date: ____/____/____ Mo. Day Year

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name: _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No. If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			FEMALES ONLY		
24. Do any of your joints become painful, swollen, feel warm, or look red?			52. Have you ever had a menstrual period?		
25. Do you have any history of juvenile arthritis or connective tissue disease?			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
			Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^o			
Skin • HSV lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^oConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

DOUGLAS COUNTY SCHOOL SYSTEM
School Emergency Health Information Card

Revised 06/2015

SCHOOL _____ GRADE _____ SCHOOL YEAR _____

STUDENT _____ M or F _____ DOB _____ TEACHER _____

ADDRESS _____

Type of Health Care Insurance: _____ Medicaid _____ Peachcare _____ Other / Private _____

Dental Insurance _____ yes _____ no Vision Insurance _____ yes _____ no

Medical conditions for which student is being treated by a medical provider include: (Please circle)

Diabetes Asthma Sickle Cell Disease Cancer Seizures Hydrocephalus with Shunt

List other medical conditions currently being treated by a medical provider: (Please include any implantable medical devices such as a defibrillator, pacemaker, cochlear implants or vagal nerve stimulator) _____

- Medical conditions requiring special medical treatment and/or staff training, other than standard first aid, will require written physician guidelines. Please provide the written physician guidelines to your school's health monitor who will forward the guidelines to your school's Registered Nurse (RN).

List current medications prescribed by physician: _____

- If student has been prescribed an emergency medication (Epi-Pen, Diastat, inhaler, etc.) parent/guardian must provide the emergency medication to the school along with permission forms.

List known student allergies: _____

- If student requires a special diet at school, please pick up a special dietary needs form for your physician to complete. Completed forms should be returned to the cafeteria manager.

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

EMERGENCY CONTACT INFORMATION

Mother /Guardian _____ Phone (Home) _____ Mobile _____

Phone (Work) _____

Father /Guardian _____ Phone (Home) _____ Mobile _____

Phone (Work) _____

If parents/guardians cannot be reached, list two nearby persons who will assume care of student.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

AUTHORIZATION FOR EMERGENCY TREATMENT

In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for assessment and immediate transportation to the closest appropriate hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, _____. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email _____

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: Mason Creek Middle School

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Mason Creek Middle School High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2018-2019 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Douglas County School System School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

(Revised: 2/18)

DOUGLAS COUNTY SCHOOL SYSTEM CONDUCT AGREEMENT FOR ATHLETIC PARTICIPATION

Participation in athletic activities is a *privilege* in schools and *not a property right*. It is to be understood by all students, parents/guardians, and coaches that the top priority is academic progress. Everyone involved in these activities will make every effort not to interfere with that ultimate goal. The purpose of this Athlete Conduct Agreement is to establish minimum standards of behavior. Therefore, **coaches and/or administrators may establish rules and consequences that are more severe than those stated below**. Team rules must be approved by the administration of each school. As a precondition to participate in DCSS Middle School governed athletics, the student and his/her parent/guardian agree that the following rules will apply:

VIOLATIONS and CONSEQUENCES

(Violations are cumulative throughout a student's 6th, 7th and 8th grade educational career)

	VIOLATION	CONSEQUENCES
A.	Violation of school rules resulting in In-School Suspension (ISS) or Out-of-School Suspension (OSS) during the season.	The student may resume participation when: 1. The student is released from ISS; or 2. The student returns to school on the next school day upon completion of OSS.
B.	Violation of school rules resulting in assignment to alternative school	Dismissed from athletics while attending alternative school.
C.	Student has been criminally charged with a misdemeanor, regardless of location or time, so long as such charges are pending or conviction is had. *	1st Offense –School administration and the coach will meet with the student and parent/guardian and discuss consequences determined by the school, which may include suspension from athletic participation. 2nd Offense – Suspension from athletic participation beginning with the date of the charges. Track, Football, Football Cheerleading, Soccer one game. Basketball, Basketball Cheerleading , Softball two games. 3rd Offense – Suspension of 1 calendar year in middle school from athletic participation beginning with the date of the charges. 4th Offense – Permanent suspension from athletic participation
D.	Student found to have been in possession of, or criminally charged with, the use/possession of alcohol, illegal drugs, unauthorized use/possession of prescription drugs or other behavior altering substances.*	1st Offense – Suspension from athletic beginning with the date student is found to be in possession or charged. Track, Football, Football Cheerleading, Soccer one game. Basketball, Basketball Cheerleading, Softball two games. 2nd Offense – Suspension of 1 calendar year in middle school from athletic participation beginning with the date student is found to be in possession or charged. 3rd Offense – Permanent suspension from athletic participation.
E.	Student has unresolved felony charges or felony conviction.*	1st Offense – Suspension for 1 calendar year in middle school from athletic participation beginning with the date of arrest. 2nd Offense – Permanent suspension from athletic participation.
F.	A student who commits any of the following offenses may be suspended or permanently dismissed from a team: missing practice unless excused, truancy or skipping classes, acting in an unsportsmanlike manner when representing the school, any act at school or away from school which results in any discipline by school administration, or any act at school or away from school which in the opinion of the Principal reflects in a negative manner on the school or athletic program.	

* If out of season, consequences will begin on the next competition date with which the student is affiliated.

NOTE: Parent/guardian must report any criminal charge or arrest of the student and related details to school athletic director or coach within 1 week of the charge or arrest, even during school breaks. Failure to do so may result in the student being suspended from athletic participation for (1) calendar year in middle school.

Student's Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

EXHIBIT

Descriptive Code: IFCB-E(6)

FIELD TRIPS AND EXCURSIONS

Privately Owned Vehicles Transportation Release for Interscholastic Activities

I hereby request that my child, _____, be allowed to participate in interscholastic activities within the Douglas County School Board, a/k/a Douglas County School District, and I recognize that participation by my child is voluntary. I understand that bus transportation to competitions, practices, and related events may not be available. In the event transportation is not available, I understand that transportation is the parents'/guardians' responsibility. For this reason, I anticipate that my child will need to travel in privately owned vehicles other than my own to competitions, practices, and related events. I hereby grant permission for my child to travel in non-school system owned and non-school system operated private vehicles for school system events. I agree to hold the Douglas County School Board, a/k/a Douglas County School District, including its elected officials, employees, officers and agents (hereafter collectively referred to as "DCSS"), harmless against any and all claims arising from my child's riding in a privately owned vehicle. This hold harmless provision includes the obligation to indemnify DCSS for said claims. I understand that travel may be in and out of county.

Policies pertaining to field trips and enrichment activities can be found in the Policy Manual under Descriptive Code: IFCB.

THE DOUGLAS COUNTY BOARD OF EDUCATION, A/K/A DOUGLAS COUNTY SCHOOL DISTRICT (HEREAFTER "DCSS") IS NOT RESPONSIBLE FOR ENSURING PRIVATE COMPLIANCE WITH THIS POLICY. ULTIMATELY, TRAVEL BY STUDENTS TO AND FROM DCSS APPROVED EVENTS IS THE RESPONSIBILITY OF THE PARENT(S)/LEGAL GUARDIAN(S). RISKS ASSOCIATED WITH TRAVEL IN PRIVATELY OWNED VEHICLES ARE NOT ASSUMED BY DCSS.

School

Sport/Activity

Signature of Student

Signature of Parent

Date

Douglas County Board of Education