UNIVERSITY HIGH SCHOOL
EMERGENCY TREATMENT RELEASE & WAIVER
2015-2016

Student Name: ___________________________ Grade: __________

Date: ________________________________

Extracurricular Permission:

By signing this form, we, the parent/guardian of the above-named student:

- Confirm the student has our permission to practice and compete in interscholastic activities/sports;
- Must abide by all the conditions of the Extracurricular Code each activity/sport, and the IHSA Eligibility Rules.
- Acknowledge that even with the best coaching and supervision, any activity involves the potential for injury and accepts the risks of such participation.
- Acknowledge that students must utilize school transportation to and from all school activities for which transportation is provided. For these events, parents of the student may transport their student only if specific arrangements are made in advance with the activity sponsor. Transportation may not be provided in some instances. These instances would include, but not be limited to: practices, athletic contests, music events or club activities held within the Bloomington-Normal area when it is deemed more practical for the students to meet the coach or sponsor at the site. In these cases it will be the responsibility of the parent to arrange safe transportation.
- Give permission for the above-named student to practice and compete in any of the IHSA interscholastic sports or activities offered.
- Grant my permission for my child to receive treatment from a physician, nurse, or other professional medical personnel, which may be needed, in my absence due to injuries sustained while participating in athletics or activities representing University High School.
- Confirm that my son/daughter and I have read and understand the Extracurricular Code as set forth by University High School, and agree to abide by it.

Emergency Information, Health, & Insurance Information:

☐ By checking this box, I/we confirm I have reviewed and submitted current emergency and health information regarding the above named student in the University High School Skyward System.

☐ By checking this box, I/we, confirm that the above-named students is covered by medical insurance for injuries related to extracurricular activities and we have provided current insurance information in the University High School Skyward System.
Release For Treatment

By signing this form, we, the undersigned, the parent(s) or legal guardian(s) of the above named student grant permission for our child to receive treatment from a physician, nurse, athletic trainer or other Professional medical personnel that may be needed in my absence due to injuries sustained while participating in extracurricular activities sanctioned by University High School.

SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY IN THEIR JUDGEMENT, FOR THE HEALTH OF SAID CHILD. THIS MAY INCLUDE USE OF AN EPI PEN IF DEEMED NECESSARY. UNDER NO CONDITION WILL SCHOOL OFFICIALS AUTHORIZE SURGERY TO BE PERFORMED UPON SAID CHILD.

I WILL NOT HOLD THE BOARD OF TRUSTEES OF ILLINOIS STATE UNIVERSITY FINANCIALLY OR LEGALLY RESPONSIBLE FOR THE EMERGENCY CARE AND/OR TRANSPORTATION OF SAID CHILD. IF AN EPI PEN IS ADMINISTERED I UNDERSTAND THAT THE BOARD OF TRUSTEES OF ILLINOIS STATE UNIVERSITY WILL INCUR NO LIABILITY, EXCEPT FOR WILLFUL AND WANTON CONDUCT. I ALSO GIVE PERMISSION FOR MEDICAL INFORMATION TO BE SHARED ON A NEED-TO-KNOW BASIS WITH LABORATORY SCHOOL PERSONNEL, SO THAT THEY ARE AWARE OF ANY POTENTIAL PROBLEMS DUE TO ALLERGIES, SEIZURES, OR OTHER CONDITIONS DUE TO CHRONIC ILLNESSES, MEDICATION, AND PHYSICAL/MENTAL DISABILITIES.

Parent/Guardian: ____________________________________________________________

Date: _____________________________