

DELAWARE COMMUNITY SCHOOL CORPORATION
ATHLETIC CONSENT FORM FOR ATHLETIC TRIPS AND
MEDICAL INFORMATION AND RELEASE CONSENT

Name _____

I consent for Delaware Community School Corporation to transport my child to/from athletic contests/events.

Parent Signature for Trip Consent

Date

Medical Information

I give permission to coaches/athletic director/administrator to administer medications which normally are given every day at school and any daily medications normally taken at home, but that will need to be administered during the trip. (Please remember that no student is allowed to have medication in their possession unless this is ordered by the student's physician – e.g. inhaler for asthma. If so ordered, please attach to this form.) My child will give the school coach the following medication for use on the trip: (please list name of medication(s), amount to be given, and when to be given)

Emergency Phone Numbers

Day: Mother/Guardian _____ Father/Guardian _____ Other _____

Night: Mother/Guardian _____ Father/Guardian _____ Other _____

Physician's Name and Number _____

Medical Release

In case of an emergency (and a parent cannot be reached by phone), I authorize Delaware Community School's coaches/athletic director/administrator to obtain medical treatment for my son/daughter named above.

Parent Signature for Medical Consent

Date

THE DELAWARE COMMUNITY SCHOOL CORPORATION DOES NOT CARRY FIELD TRIP ACCIDENT INSURANCE COVERAGE FOR STUDENTS OR STAFF AS WELL AS VOLUNTEERS. PARENTS ARE RESPONSIBLE FOR ANY MEDICAL TREATMENT RECEIVED BY ANY STUDENT.

Discipline Agreement

I _____ agree to abide by the rules and regulations of Delaware Community
(student signature)

School Corporation. I understand I am to set a very positive example. I understand if I do not abide by the school rules, I will be disciplined according to the due process procedure.

Parent Signature

Date