

Consent to Medical Treatment and Release of Information

(Name of Student) _____ (grade) ____ will have the opportunity to participate in school athletics away from school premises throughout the school year. Transportation will be by school bus, school vehicle, commercial vehicle or other. In order to avoid having you fill out this form every time your child leaves the district for school sponsored athletics, we will keep this form on file.

The welfare of your child is the first concern of school authorities. In case of a serious medical emergency or illness, 911 will be called. School personnel will attempt to inform the parent or emergency contact as soon as possible. You should make arrangements for proper care in case your child should have an accident or become too ill to remain in school at a time when you are away from home. It is essential that you designate a responsible adult to act on your behalf if you are unavailable.

A student's health record is of vital importance. The health information you provide enables the district staff to provide safe and optimal learning experiences. While you may refuse to provide this information, such a refusal may adversely affect the learning process or your child's safety. We encourage you to keep the school nurse informed of your child's health status or any changes in any of the information included on this form. This information will be shared with school staff when appropriate.

If a student is injured while involved in school athletics, the family's insurance is primary coverage for any medical cost. If your student is uninsured or underinsured, the district has a Voluntary Interscholastic Athletic Plan available through Student Assurance Services, Inc. for purchase. The enrollment form is available on the District website, www.osceola.k12.wi.us > Athletics > Athletic Forms.

Parental permission is needed due to HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations that make schools unable to give/get/request information regarding our students.

- Permission of medical personnel to release your child's name to an Osceola School District official if your child receives medical treatment and/or is hospitalized during school athletics.
- Permission to provide emergency medical attention if parent or designated adult cannot be reached.
- In the event of an accident, illness or any other circumstance requiring medical treatment, such treatment will be procured for your son/daughter without financial obligation to the district.

My signature below denotes I have read, understand and consent to what is written above and give my permission for my child to participate in school athletics.

Print Parent(s) Name: _____ Parent Signature: _____

Insurance Provider: _____ Insurance Phone #: _____

Policy #: _____ Group #: _____

Mother home # (_____) _____ Cell # (_____) _____

Father home # (_____) _____ Cell # (_____) _____

Designated emergency contact: Name _____ Phone number _____