

Oley Valley School District
Informed Consent for Athletic Participation

To Athletes and their parents of the Oley Valley School District,

We are pleased that your child will be a participant in interscholastic athletics at Oley Valley. Athletes throughout the years have benefited from programs such as ours. We hope your child's participation will provide him/her with rewarding experiences. We are, as we must be, concerned over the safety and protection of your child. It is with this in mind that we send this letter to you.

First, it is to advise you of the possibility of bodily injury involved in interscholastic athletic play. When your child chooses to participate in athletics and you give your permission, assumption of these risks must be made. The athletic staff wishes to advise you that possible injury could range from minor aches and pains up to and including catastrophic injury or even death. Parents / Guardians are finically responsible for any medical bills incurred during athletic participation.

Second, we strongly urge that you purchase the Student Accident Insurance or present evidence of other satisfactory coverage. So that we can be aware of your child's insurance coverage, please complete the portion concerning this on the reverse side. Parents / Guardians must inform the athletic department of any changes to insurance coverage.

Third, it must be understood that all student athletes shall abide by all rules, regulations, and information described in the discipline code and co-curricular guidelines.

If you have any questions, please feel free to contact the Athletic Director at 610-987-4111.

Your signatures below indicate that you have fully read, understand and acknowledge all of the information in this letter concerning (a) the element of risk involved in athletics, (b) that your child has the proper insurance coverage, and (c) that you fully agree to abide by all of the districts rules and regulations as described above.

Emergency Medical Authorization

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for athletes who become ill or injured under school authority when the parent/guardian cannot be reached.

Part 1 - Consent

In the event reasonable attempts to contact me or my emergency contact at the phone numbers listed on the reverse side have been unsuccessful, I hereby give my consent for the school district to obtain and grant permission for the emergency treatment for my son/daughter by a licensed physician/dentist.

This authorization does not cover major surgery unless the medical options of two other licensed physicians/dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken and any physical impairments. _____

Signature of Parent/Guardian

Part 2 – Refusal of consent (**Do not complete if you completed Part 1**)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take no action.

Signature of Parent/Guardian