



# HARTFORD UNION HIGH SCHOOL

## Co-Curricular Permission Slip 2016-2017

### Skills USA

#### EMERGENCY MEDICAL INFORMATION

PRINT--CLEARLY

Parent/Legal Guardian's Full Name(s) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Parent's Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Legal Guardian's Full Name(s) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Parent's Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

REQUIRED

Insurance Company \_\_\_\_\_

Insurance Group #, ID #, or Med Asst.#: \_\_\_\_\_

Other medical information (allergies, medications, etc.) \_\_\_\_\_

- I hereby give my permission for the above named student to practice, compete, and represent the school in WIAA approved sports.
- I attest to the fact that the named athlete has not been hospitalized or suffered any serious illness or injury since his/her last physical examination.
- In case my child requires medical treatment or transportation to a medical facility and a parent/guardian is not available for consultation, I give the coaches permission to determine the most appropriate method.
- Furthermore, if unable to be contacted, I authorize school personnel or PHYSICIAN(S) and HOSPITAL STAFF to treat our son/daughter as they deem necessary in any non-life threatening emergency situation.
- I fully realize that the school does **not** provide insurance coverage and that there is an inherent risk of injury by participating in athletics.
- Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director/Activities Coordinator, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director, Health Technician, and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

#### Skills USA Expectations

I am aware of the following Skills USA Club expectations. I realize that if these expectations are not met, I will no longer be a member of Skills USA Club.

- Attend at least 7 of the 9 monthly meetings.
- Participate in at least 50% major Skills USA Club activities (Float Building, HUHS Showcase, Fundraising, Industrial Tours, Community Service Events, Fun Night Out Events, Local Contest, Regional Contest, State Contest, National Contest).
- All members will honor and abide by the Skills USA pledge and all it stands for.

#### CO-CURRICULAR CODE

I/We have reviewed the HUHS Co-Curricular CODE and the above Skills USA Club Expectations for the 2016-2017 school year and am aware of any changes by HUHS and the Skills Advisors and TEE Department. I give permission for the student named to participate in the Co-Curricular activity at HUHS. I/We accept and agree to support, notify any known violations and follow all provisions as outlined, and to pay for any team clothing or equipment that is lost or damaged.

Student's Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature\* \_\_\_\_\_

*\*Signatures indicate agreement to code and verification that all information provided is true and accurate. We further acknowledge that by providing permission to my/our student to participate in the above referenced extracurricular activity that the school may take photographs and other reproductions of the activity and may use those reproductions in school newsletters, promotional materials, on its website, or may otherwise disseminate said photographs including identification of the student depicted. This authorization is provided not withstanding any opt-out election made with respect to student directory data.*

Student's Name: \_\_\_\_\_  
 (PRINT - CLEARLY)  
 Primary Residence Address: \_\_\_\_\_  
 Primary Residence Address (Street Address, City, and Zip Code) = Parent/Legal Guardian's voter registration, tax district, or driver license  
 Last \_\_\_\_\_  
 First \_\_\_\_\_  
 MI \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

#### OFFICE USE ONLY

Skills USA Fee \$25: \_\_\_\_\_ Ck# \_\_\_\_\_ Cash \_\_\_\_\_