

HARTFORD UNION HIGH SCHOOL

Co-Curricular Permission Slip 2017-2018



SPRING PLAY

EMERGENCY MEDICAL INFORMATION

(PLEASE PRINT CLEARLY)

Student's Name: _____ Birthdate: _____
Last First MI

Primary Residence Address: _____
Primary Residence Address (Street Address, City, and Zip Code) =Parent/Legal Guardian's voter registration, tax district or diver license

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 # _____

REQUIRED

Alternate Emergency Contact _____ Relation: _____
Home # _____ Cell # _____ Work # _____
Family Physician _____ Family Dentist _____
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 and/or HUHS Activities.
- 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.

SPRING PLAY EXPECTATIONS

I am aware of the following Spring Play expectations and have reviewed the Spring Play schedule and responsibilities of a Cast member. I realize that if any expectations are not met, I will no longer be a member of the Spring Play.

- As a Cast member and parent of the Spring Play, I understand that 3 unexcused absences from the Spring Play could result in removal from the Spring Play.
- Academics is a priority and failure to keep my grades up may cause removal from the Spring Play. I understand that when I am called for a rehearsal, I am expected to utilize any down time to work on homework if needed.

CO-CURRICULAR CODE

I/We have reviewed the HUHS CO-CURRICULAR CODE and SPRING PLAY EXPECTATIONS. I give permission for the student named to participate in the Co-Curricular programs 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* _____ Date: _____

*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.