LOWELL SCHOOL DISTRICT 71

DISTRICT ATHLETIC PACKET

(TO BE COMPLETED BY PARENT/GUARDIAN)

STUDENT INFORMATION

Student Name: _____ _____ **Birthdate:** _____
First Last MM / DD / YY

Gender: _____ **Grade:** _____

PARENT INFORMATION

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent's ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____ _____
First Last

Home Address: _____ _____ _____ _____
Address-Not PO Box City State Zip

Mailing Address _____ _____ _____ _____
If different then Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

EMERGENCY CONTACTS

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____ _____ _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Hospital of Choice: _____

Please check one below:

☐ My student is covered by school insurance, which was purchased during this school year.

☐ My student is covered by a family insurance policy or OHP.

Name of insurance company:_____

In the past year my student has:
Mark all that apply and explain all "yes" answers

Had injuries requiring medical attention	☐ No ☐ Yes	_____
Had an illness lasting more than a week	☐ No ☐ Yes	_____
Been under a physician's care	☐ No ☐ Yes	_____
Had a surgical operation	☐ No ☐ Yes	_____
Been hospitalized	☐ No ☐ Yes	_____

District

MEDICAL INFORMATION CONTINUED

Is your student currently taking prescription medication?
☐ No ☐ Yes
_____

Will a dose be required during a practice game or on the bus?
If "yes" answer question A ☐ No ☐ Yes

A. May your student self-administer this prescription medication? ☐ No ☐ Yes
If "yes" answer question B

B. What prescription medications may your student self - administer?_____
Dose:_____

Frequency/Time_____

Does your student wear glasses? ☐ No ☐ Yes

Does your student wear contact lenses? ☐ No ☐ Yes

Does your student have any physical limitations or serious allergies? ☐ No ☐ Yes _____

Please explain here

PERMISSIONS

My student may participate in: ☐ Football ☐ Volleyball ☐ Basketball ☐ Wrestling ☐ Track ☐ Cross Country ☐ Baseball ☐ Softball

I hereby give my permission for my student to participate in competitive school athletics, which are approved by the Lowell School Board.

→ Parent/Guardian Signature:_____ Date: _____
MM / DD / YY

SIGNATURE

My student has my permission to go with the coach on any regularly scheduled trips.

I understand that the district will exercise reasonable safety precautions to avoid athletics related injuries, but I accept that the district assumes no financial obligation for any injuries that may occur. I recognize that students are held responsible for all players' equipment owned and issued by the school. I verify that the information in this document is true and correct to the best of my knowledge. If it is determined that the information I have provided is false, I acknowledge that my student could be removed from school athletics immediately.

→ Parent/Guardian Signature: _____ Date: _____
MM / DD/YY