

Yr. in school: Fr. Soph. Jr. Sr.

B.H.S. ATHLETIC PARTICIPATION CARD

NAME: (Last) _____ (First) _____ BIRTH DATE: _____ BIRTH (County/State) _____

PARENT / GUARDIAN NAME: _____ PHONE: _____ DOCTOR'S NAME: _____

ADDRESS: _____ DATE OF PHYSICAL _____

I hereby give permission for my son/daughter to participate in Barrington H.S. Interscholastic Activities and I understand he/she must abide by the Co-Curricular Code of Conduct.

(Signature of Parent) (1) - X

(Athletic Director) _____

I agree to abide by the B.H.S. Co-Curricular Code of Conduct:

(Student) (2) - X

Steroid Testing Consent

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

Parent Signature: (4) - X Date: _____

Student Signature: (5) - X Date: _____

Medical Consent For Treatment

The athletic staff (team physicians, athletic trainers, coaches or other school personal) may apply appropriate treatments within their realm of knowledge or training for injuries sustained during participation in interscholastic athletics sanctioned by Barrington High School.

Yes: _____ No: _____

The athletic trainer may provide the following over the counter medications to my child as necessary: Tylenol (acetaminophen), Advil/Motrin (ibuprofen), antacid.

Yes: _____ No: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

MUST COMPLETE

Athletic Emergency Medical Authorization

In case of emergency, an attempt to contact a parent at home or at work. If we cannot be reached, attempt to contact the alternate listed below.

Alternate name: _____

Phone: _____ Relationship _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

Comments or added directions: _____

Signature of Parent / Guardian: (3) - X

Home Phone: _____ Work Phone: _____

Cell Phone: _____