

# CONSENT FOR EMERGENCY MEDICAL TREATMENT

Colorado law stipulates that no emergency room in the state can give treatment to a minor (other than in life-threatening situations) without the consent of a parent or guardian. To assure that your student receives the care he/she deserves when you're not there, complete this form, and return to the coach of the sport he/she is playing. In case of emergency, I hereby authorize any emergency medical and surgical care, treatment, and diagnostic tests deemed necessary in the emergency treatment of:

\_\_\_\_\_ Student Name \_\_\_\_\_ Date of Birth

Student Grade \_\_\_\_\_ Sport(s) \_\_\_\_\_ Date \_\_\_\_\_

Parents'/Guardians' Names (please print)

Parents/Guardians Signature

Address, City, State, Zip Code

Home Phone \_\_\_\_\_ Dad – Work \_\_\_\_\_ Mom – Work \_\_\_\_\_ Dad – Cell \_\_\_\_\_ Mom – Cell \_\_\_\_\_

@ \_\_\_\_\_  
Email Address

\_\_\_\_\_  
Doctor's Name and Phone Number

Health Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_ Group Name \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insured's Social Security Number \_\_\_\_\_

List Allergies to medications and other allergies the student has:

List any special medical problems:

List medications the student is currently taking:

\_\_\_\_\_  
Date of last tetanus shot (month/year)

## Parents' initials

\_\_\_\_\_ I have read, understand, and agree to follow and maintain the parent code of conduct that JICHS has put forth to promote a fun and safe athletic experience.

\_\_\_\_\_ I, the parent or legal guardian of my student, give my permission for said student to be transported to athletic games or school activities. I understand that the driver of the vehicle has provided insurance information to the JICHS administrator and such information is on file in the administration and/or athletic office.

\_\_\_\_\_ I have read the policy regarding getting back late and picking up students after games/practices and understand the consequences of not complying with the policy standard.

\_\_\_\_\_ I hereby give my consent for my child to participate in supervised activities in the weight room.

\_\_\_\_\_ I acknowledge that I have read and understood the rules, codes, and expectations as set forth in the James Irwin Charter High School Sports Handbook. I agree to abide by the rules, codes, and expectations in the Handbook. I understand that membership on any school team does not guarantee playing time.

## Student's initials

\_\_\_\_\_ I acknowledge that I have read the JICHS Student Athlete Code of Conduct. I agree to abide by the rules and spirit of this code in my affairs. I agree to represent myself, school, family, and community in the most positive manner possible at all times. I agree to encourage others to share these ideals.

\_\_\_\_\_ I have read the policy regarding getting back late and picking up students after games/practices and understand the consequences of not complying with the policy standard.

\_\_\_\_\_ I have read and understand the warnings for participation in supervised activities in the weight room.

\_\_\_\_\_ I acknowledge that I have read and understood the rules, codes, and expectations as set forth in the James Irwin Charter High School Sports Handbook. I agree to abide by the rules, codes, and expectations in the Handbook. I understand that membership on any school team does not guarantee playing time.

**2010-2011**

## **JICS Parent/Guardian Volunteer Opportunities**

We are very aware that the success of your child(ren) comes from the parental support you give them. We look forward to working with you to continue to develop your son's and/or daughter's full potential. We have many different opportunities for parents and guardians to be involved within our athletic programs. Would you please indicate if you would be willing to assist in any of the volunteer opportunities listed below?

\_\_\_\_\_ Collecting money at games

\_\_\_\_\_ Working concessions

\_\_\_\_\_ Working the clock or scorebook

\_\_\_\_\_ Keep statistics for teams

\_\_\_\_\_ Being a team mom (includes helping with team banquet)

\_\_\_\_\_ Being a line judge for volleyball

\_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_

James Irwin Charter High School  
5525 Astrozon Blvd  
Colorado Springs, CO 80916  
(719)302-9024

**VOLUNTEER DRIVER INFORMATION (Optional)**  
**ALL VOLUNTEER DRIVERS MUST HAVE A COPY OF  
THEIR DRIVERS LICENSE AND A COPY OF THEIR  
PROOF OF INSURANCE FORM ON FILE.**

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Drivers Name

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Drivers License #:

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Vehicle 1: Year, Make, Model, # of seatbelts

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Vehicle 2: Year, Make, Model, # of seatbelts

**Insurance Information:**

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Company

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Agent

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Phone #

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Policy Expiration Date

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Liability Limits (Dollar amount)

As a volunteer driver for James Irwin Charter High School (JICHHS), I certify that the above information is true and correct. I certify that my vehicle insurance is current and that my vehicle is in safe working condition. I will require all riders in my vehicle to wear a seat belt at all times. I will obey all traffic laws when acting as a volunteer driver for JICHHS. If I should be involved in any kind of traffic accident while transporting JICHHS students, I will immediately report the accident to JICHHS administration office or its designee. If any of the above information changes, I will provide updated information to the JICHHS administration office before continuing volunteer driving duties.

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Driver 1

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Date

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Driver 2

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Date