

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	

Parent/Guardian Name (please print)			

Parent/Guardian 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 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)			

Parent initials

- _____ I have read, understand, and agree to follow and maintain the parent "codes of conduct" that JICMS 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 JICMS administrator and such information is on file in the administration and/or sports department 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 acknowledge that I have read, and understood, the rules, codes, and expectations as set forth in the James Irwin Charter Middle 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 initials

- _____ I acknowledge that I have read the JICMS 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 acknowledge that I have read, and understood, the rules, codes, and expectations as set forth in the James Irwin Charter Middle 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.

VOLUNTEER DRIVER INFORMATION

**ALL VOLUNTEER DRIVERS MUST HAVE A COPY OF
THEIR DRIVERS LICENSE AND A COPY OF THEIR
PROOF OF INSURANCE FORM ON FILE.**

Drivers Name

Drivers License #:

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

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

Insurance Information:

Company

Agent

Phone #

Policy Expiration Date

Liability Limits (Dollar amount)

As a volunteer driver for James Irwin Charter Middle School (JICMS), 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 JICMS. If I should be involved in any kind of traffic accident while transporting JICMS students, I will immediately report the accident to JICMS administration office or its designee. If any of the above information changes, I will provide updated information to the JICMS administration office before continuing volunteer driving duties.

Driver 1

Date

Driver 2

Date

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 _____