

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
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Student Grade	Sport(s)	Date
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Parent/Guardian Name (please print)

Parent/Guardian Signature

Address, City, State, Zip Code

Home Phone	Dad – Work	Mom – Work	Dad – Cell	Mom – Cell
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_____ @ _____

Email Address

Doctor's Name and Phone Number

Health Insurance Company	Group Number	Group Name
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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.

2011-2012

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: _____