

WINOOSKI MIDDLE SCHOOL EMERGENCY MEDICAL FORM

*Please fill out these forms using a pen.

Full Name of
Student_____

Grade of Student_____

Date of Birth_____

Address_____

City_____State_____Zip_____

Home phone_____

Business phone parent #1_____parent#2_____

Cell phone- parent #1_____parent#2_____

Parents' email address_____

Health Insurance Company_____

Health Insurance Policy Number_____

Name of Family Physician_____

List Any Allergies/Injuries/Health Concerns_____

Date of Last Tetanus_____

Emergency Contact name and number_____

The Winooski School District agrees that if your child,_____, is injured while involved in a school activity and appears to be in need of medical treatment, the school will attempt to notify you, the undersigned, before taking any action concerning treatment unless immediate treatment appears necessary. The undersigned hereby authorizes the School District to consent to medical treatment on his/her behalf, if the undersigned cannot be reached before treatment is needed. The undersigned agrees to assume financial responsibility for any treatment obtained under these circumstances and will hold the district harmless from decisions made in good faith by the District regarding the provision of treatment.

Parent/Guardian_____

Date_____

ATHLETIC POLICIES, PROCEDURES, AND RULES

All who participate in athletics will:

- 1a. **Middle School Eligibility-** Students must be up to date on their assignments in order to participate in practices and games. Teachers will notify the student, parent, coach and athletic director when a student has fallen behind on assignments. Students will be given 10 days to make up the work. If the student has not made up the work during that time, they will be held out of all athletic events until they have caught up.
- 1b. **High School Eligibility-** Per VPA rules students turning 19 prior to August 1 of the current year are not eligible to participate. For other academic eligibility guidelines see page .
2. Act respectfully in the school community. Students cannot participate from practice or games while suspended from school
3. Sign and complete Athletic Policies, Procedures, and Rules, Emergency Medical Form, Participation Agreement, and provide proof of Physical Examination completed 24 months. (NOTE: students must have health insurance coverage. The district accepts no responsibility for bills incurred due to injury.)
4. With their parents/guardians read the concussion information provided.
5. Be present and on time to school during the day of a contest. Failure to comply with this rule will cause students to be ineligible for game play that day. Extenuating circumstances will be viewed by the principal or athletic director.
6. Travel to and from games in school provided transportation, except with signed approval by the principal or athletic director (email and texts will be accepted).
7. Not consume or possess alcoholic beverages or use tobacco (including Snuff and chewing tobacco) and/or drugs, in accordance with policy# 5114(b) and 1340.
8. Return/pay for equipment issued by the school. Failure to do so will prohibit participation in athletics.
9. Adhere to coaches rules and curfew rules. Violations may result in disciplinary action.
10. Report all injuries that require a visit to a doctor to coach, so they may fill out and file an accident report.
11. Not compete on outside teams during the season he/she is competing in high school.
12. Parents/Guardians should refrain from discussing issues with coaches until 24 hours after a contest/game. At that point a meeting may be set up to discuss issues to be addressed.

*The following policies, relevant to athletics, can be referenced on the district website: 1340, 4116(a&b), 4117, 4128, 5114(a,b&c). Written procedures related to the above policies are available through the district office.

We have read and agree to the athletic policies, procedure, and rules above:

Student Athlete

Date

Parent or Guardian

Date

WINOOSKI MIDDLE SCHOOL
ATHLETIC/EXTRACURRICULAR ACTIVITY PARTICIPATION AGREEMENT

As a student/athlete I have voluntarily elected to participate in sports at Winooski Middle School. The privilege to participate fosters responsibility and the realization that each athlete represents his/her family, school, community, and him/herself on and off the courts and fields. I also realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death. I realize that all school discipline protocols are in effect while at school sponsored extracurricular/ athletic activity.

Student Name_____ is planning to participate in the following sports for the 2020-2021 school year: Please circle all that apply.

FALL
Soccer

WINTER
Basketball

SPRING
Track
Baseball
Softball

Have you received a physical examination from a doctor within the past 24 months?

____yes ____no. If yes, what date_____ Dr._____

Have you had any injuries or illnesses within the past year? ____yes ____no.

If yes, what were they?_____

Do you Have any other chronic conditions which affect your physical well being? Example.

Allergies, etc. ____yes ____no. If yes, please name them:_____

Parents and athletes are to sign below, indicating that they have read the athletic policies, and have attended a mandatory Preseason orientation meeting. Parents must also certify that the above medical information is accurate. As a reminder if any medical information changes during the school year please notify the Athletic Director so he may keep the information on your son/ daughter current.

I have read the athletic policies and give my son/ daughter permission to participate in interscholastic sports.

Athlete

Parent or Guardian

Date

Date

The name of the company which has issued a standard accident insurance policy for the protection of my child is:

Company (*Required):_____

Policy Number(*Required)_____

WINOOSKI MIDDLE SCHOOL
PHYSICAL EXAMINATION SHEET

In order to participate on an athletic team at Winooski Middle School, each participant must pass a physical examination given by a doctor every two years.

Physical given by: _____

Today's Date: _____

Physician's statement:

I hereby certify that _____ was examined by me and found physically fit to engage in all school sponsored athletics.

Date of examination: _____

Restrictions, if any:

Physician's Signature

Fax to the attention of: Winooski Athletic Director 802-383-6097
Scan to: dbarcomb@wsdvt.org