



# KENAI PENINSULA BOROUGH SCHOOL DISTRICT

148 North Binkley Street Soldotna, Alaska 99669-7520  
Phone (907) 714-8888 Fax (907) 262-9645

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of \_\_\_\_\_, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand the Kenai Peninsula Borough School District, its employees and its Board, (1) assume no liability of any nature in relation to the transportation or treatment of said minor, and (2) is not responsible for the medical bills in the event of an injury to my child.

Family Doctor	Address	Daytime Phone
Health Plan/Insurance (i.e. BlueCross)		Group/Policy No.
My Child is Allergic to the Following Medications:		
Other Medications Being Used:		
My Child has the Following Health Problems:		
Signature of Parent or Guardian:		Date:

Emergency Contact:

Name

Phone Number

Date

MIDDLE SCHOOL

CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

6th, 7th and 8th GRADE STUDENTS

Student Name (Please Print) School: KENAI MIDDLE SCHOOL Grade Date

In an effort to supplement available state and district funds for co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement costs for equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In cases where this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides for participation only and does not guarantee playing time in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

6TH GRADE\*\$60.00

- [ ] Cross-Country Running
[ ] Track
[ ] Cross-Country Skiing
[ ] Wrestling
[ ] Soccer

FREE

- [ ] Basketball
[ ] Volleyball

7TH & 8TH GRADE \$60.00 PER ACTIVITY

- [ ] Cross-Country Running/Skiing
[ ] Soccer
[ ] Basketball (\$30 Intramurals/ \$30Team)
[ ] Volleyball
[ ] Track
[ ] Wrestling

REFUND OF ACTIVITY FEES

FULL REFUND

Students who are cut from a co-curricular activity during the first 10 days of practice are eligible for a full refund.

PRORATED REFUND

Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund. The coach and athletic director/administrator will determine the amount to be refunded.

NO REFUND

Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature Parent/Legal Guardian Signature Date

APPENDIX A

**CO-CURRICULAR PARTICIPATION CONSENT FORM  
MIDDLE SCHOOL WARNING, ASSUMPTION OF RISK  
And  
HOLD HARMLESS AGREEMENT**

This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.

\_\_\_\_\_  
Student Name *(Please Print)*

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

**FOR ALL SPORTS AND ACTIVITIES**

I understand that all co-curricular activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my future abilities to earn a living; to engage in other business, social and recreational activities; and to enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

I have read the Kenai Peninsula Borough School District activity guidelines and understand their contents. I understand that the Kenai Peninsula Borough School District and Alaska School Activities Association will not assume responsibility for injuries sustained in the co-curricular programs. I also understand that primary accident insurance coverage is my responsibility. I give consent for emergency treatment to be administered to my child. I also authorize the school to transport my child for any co-curricular activity.

Except for claims arising from the sole negligence or willful misconduct of the school district, I hereby agree to hold the Kenai Peninsula Borough School District, its employees, representatives and coaches, harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned middle school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.

Having read the above warning and having understood the dangers and potential risks involved in playing or practicing these activities, I give my consent as the parent/legal guardian of \_\_\_\_\_ (student's name) to participate in the following program:

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

***Note: If you are a KPBSD Connections student, you must obtain the signature of the Connection's Program Director for each activity you participate in and leave a copy of this form in his/her office.***

\_\_\_\_\_  
Connections Program Director Signature

\_\_\_\_\_  
Date

The Kenai Peninsula Borough School District requires that each athlete, and each athlete's parent/guardian, receive a copy of its guide entitled "A Parent's Guide to Concussion in Sports". This guide sets forth a description of the nature and risks of Concussion.

Parents and athlete should review the Guide, discuss it at home, and direct any questions to the coach, school nurse, or activities principal.

Parents and athletes need to annually acknowledge receipt of "A Parent's Guide to Concussion in Sports", and understand its contents.

**Student/Parent/Guardian Acknowledgement (required for all athletes)**

I acknowledge that I have received a copy of "A Parent's Guide to Concussion in Sports", and understand its contents.

**Student Signature**

**Print Name**

**Date of Birth**

**Date**

Parent/Guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below consent.

**Parent/Guardian Signature**

**Print Name**

**Date**

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT**  
**Student Health Review**

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL \_\_\_\_\_

For **ADDITIONAL COMMENTS** please use the back of the form.

1. **LAST PHYSICAL EXAM:** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Clinic Name/Location \_\_\_\_\_  
2. **LAST DENTAL EXAM:** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Clinic Name/Location \_\_\_\_\_  
3. **LAST VISION EXAM:** Date \_\_\_\_\_ Doctor \_\_\_\_\_ Clinic Name/Location \_\_\_\_\_

4. **CURRENT MEDICATIONS** Medication(s) to be taken at School \_\_\_\_\_ (Additional form required.)  
Medication(s) taken at Home (include non-prescriptive medications taken on a regular basis) \_\_\_\_\_

5. **LAST SCHOOL ATTENDED:** \_\_\_\_\_ **PERMISSION FOR EMERGENCY CARE**  YES  NO

6. **ALLERGIES:**  NO  YES – if yes, please list specific allergies below. Use the back of the form as needed.

MEDICATION(S) \_\_\_\_\_  
What happens if your child takes this? \_\_\_\_\_  
How do you treat? \_\_\_\_\_

BEES, INSECTS, SPIDERS, etc. \_\_\_\_\_  
What happens if your child is stung or bitten? \_\_\_\_\_  
How do you treat? \_\_\_\_\_

FOOD and/or DRINK\* \_\_\_\_\_  
What happens if your child eats this? \_\_\_\_\_  
How do you treat? \_\_\_\_\_ \*School Lunch substitutions require a doctor's request.

ANIMALS \_\_\_\_\_  
What happens if your child comes in contact with this animal? \_\_\_\_\_  
How do you treat? \_\_\_\_\_

OTHER (please list) \_\_\_\_\_  
What happens if your child comes in contact with this? \_\_\_\_\_  
How do you treat? \_\_\_\_\_

7. **CURRENT MEDICAL INFORMATION:** Mark any ongoing conditions and concerns.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> asthma*                                    | <input type="checkbox"/> frequent headaches                 | <input type="checkbox"/> vision concerns         | <input type="checkbox"/> knee, back, bone or joint concerns                  |
| <input type="checkbox"/> other respiratory concerns                 | <input type="checkbox"/> frequent nosebleeds                | <input type="checkbox"/> wears glasses/contacts  | <input type="checkbox"/> muscular concerns                                   |
| <input type="checkbox"/> diabetes                                   | <input type="checkbox"/> frequent stomachaches              | <input type="checkbox"/> dental pain or concerns | <input type="checkbox"/> mental/emotional concerns                           |
| <input type="checkbox"/> heart disease                              | <input type="checkbox"/> frequently complains of being sick | <input type="checkbox"/> speech concerns         | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> seizures                                   | <input type="checkbox"/> ear/hearing concerns               | <input type="checkbox"/> skin concerns           |  |
| <input type="checkbox"/> previous head injury with unconsciousness* | <input type="checkbox"/> tubes in place                     | <input type="checkbox"/> urinary/bowel concerns  | *additional forms may be requested<br>For <b>COMMENTS</b> use the form back. |

**CURRENT SPECIFIC MEDICAL DIAGNOSIS:**  NO  YES

Diagnosis \_\_\_\_\_ Doctor \_\_\_\_\_ Clinic Name/Location \_\_\_\_\_  
Date Identified \_\_\_\_\_ Care/treatment required at school \_\_\_\_\_

**CURRENT PHYSICAL ACTIVITY LIMITATIONS** \_\_\_\_\_

8. **PAST MEDICAL INFORMATION:** Operations, injuries, hospitalizations, and past medical concerns, including birth information and history of developmental delays as appropriate (please include dates): \_\_\_\_\_

9. **ADDITIONAL INFORMATION:** Please add any additional information helpful to the school staff (i.e., family, learning, special needs)

My signature allows for information that pertains to school safety or helps my child in the classroom to be shared with additional school staff as appropriate.

**PERSON COMPLETING THIS FORM:** \_\_\_\_\_  
(Name) (Relation to child) (Today's Date)

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT**

**SUPPLEMENTAL HOLD HARMLESS, RELEASE  
AND WAIVER OF LIABILITY RELATED TO COVID-19**

The Kenai Peninsula Borough School District (“KPBSD”) plans to allow sporting events or similar activities (herein referred to as “SPORTING EVENT”) to take place. In consideration for being permitted to compete, officiate, observe, work, and/or participate in a SPORTING EVENT, I \_\_\_\_\_, on behalf of myself and my minor children, agree and consent to the following:

1. I affirm that neither I, nor any person residing in my household, including the actual participant(s) in the SPORTING EVENT, has been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to any communicable diseases, including the Novel Coronavirus Disease known as COVID-19 within the past thirty (30) calendar days;
2. I acknowledge that I am aware that by entering the premises where the SPORTING EVENT is being held that there is a risk to me and my minor children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and-or gloves are worn and that KPBSD cannot guarantee that by entering the premises of the SPORTING EVENT there will be no exposure to COVID-19;
3. I understand that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. By signing this Waiver of Liability, I fully and knowingly agree to ASSUME ALL RISKS associated with attendance at a public event and potential exposure which may include potential exposure to the COVID-19 virus for myself and any minor children whom I consent to attend the SPORTING EVENT;
4. I understand and acknowledge that KPBSD cannot eliminate the risk of exposure to COVID-19 and agree that by the signing of this Waiver I, on behalf of myself and my minor children, ASSUME ALL RISKS, associated with my involvement and my children(s) involvement in the SPORTING EVENT;
5. By signing this Waiver, I acknowledge that participation in or attendance at the SPORTING EVENT is not required by KPBSD;
6. I agree that this Waiver, Release and Assumption of Risk is to be binding upon my heirs and the heirs of my children;

7. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE KPBSD and/or its officers, directors, Board members, employees, contractors and-or volunteers; including promoters, participants, officials and owners of the SPORTING EVENT premises (hereinafter "Releasees"). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any loss or damage whether caused by the negligence of the Releasees or otherwise;
  
8. To the maximum extent allowed by law, I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all claims for damages, causes of action or injuries, any loss, liability, cost, (including attorneys' fees and costs expended in the defense thereof), which may be incurred or which may arise out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the SPORTING EVENT whether caused by the negligence of the Releasees or otherwise.

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE; THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD(REN) WHOM I ACCOMPANY OR ALLOW TO PARTICIPATE IN THE SPORTING EVENT; AND THAT I KNOWINGLY AGREE TO RELEASE AND WAIVE ANY CLAIM OR LEGAL CAUSE OF ACTION THAT I OR MY CHILDREN MAY HAVE AGAINST RELEASEES.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please read and review the following regarding your student athlete:  
(Paper copies are available at the front office)

**KPBSD Middle School Activities Guidelines**  
<http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=4092>  
*Initial*

**ASAA Parent's Guide to Concussions in Sports**  
<http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=25835>  
*Initial*

**KPBSD School Board Policy regarding Concussion in Student Athletics and Student Activities**  
**BP 6145.22 Concussion in Student Athletics and Student Activities**  
*Initial* <http://www.kpbsd.k12.ak.us/board.aspx?id=26159>

**I have read and understood the above-referenced material.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**(Cut and Keep for Reference)**

**KPBSD Middle School Activities Guidelines**  
<http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=4092>

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