



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

ANCHOR POINT COOPER LANDING HOMER HOPE KACHEMAK SELO KENAI MOOSE PASS NANWALEK NIKISKI NIKOLAEVSK NINILCHIK
PORT GRAHAM RAZDOLNA SELDOVIA SEWARD SOLDOTNA STERLING TUSTUMENA TYONEK VOZNESENKA

APPENDIX B

MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT

 Student Name (printed)

 School

 Grade

 Date

Activity Fee Obligations

In an effort to supplement available state and District funds for our 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 of equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In the case 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

Middle school students enrolled in a KPBSD school shall be charged \$60 per activity. **Non-KPBSD students** will be assessed an **additional \$60** to support an equitable contribution to facilities and operations per KPBSD activity.

The activity your child is participating in at this time is:

XC Running Soccer Basketball Volleyball Wrestling Nordic Ski Track

Refund of Activity Fees

Full Refund: Students who are cut from a co-curricular activity during the first ten (10) days of practice will receive a full refund.

Prorated Refund: Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund, the amount of which will be determined by the coach and athletic director/administrator.

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 (**circle one only**):

- XC Running Soccer Basketball Volleyball Wrestling Nordic Ski Track

Student Signature Grade Date

Parent/Legal Guardian Signature Date

Note: If you are a student attending a KPBSD approved correspondence, charter, alternative program or State of Alaska approved correspondence program, you must obtain the signature of the Program Director for each activity you participate in and leave a copy of this form in his/her office.

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? _____

BEEES, 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"/> diabetes | <input type="checkbox"/> frequent stomachaches | <input type="checkbox"/> dental pain or concerns | <input type="checkbox"/> muscular concerns |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> frequently complains of being sick | <input type="checkbox"/> speech concerns | <input type="checkbox"/> mental/emotional concerns |
| <input type="checkbox"/> seizures | | <input type="checkbox"/> skin concerns | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> previous head injury with unconsciousness* | <input type="checkbox"/> ear/hearing concerns | <input type="checkbox"/> urinary/bowel concerns | *additional forms may be requested |
| | <input type="checkbox"/> tubes in place | | For COMMENTS 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)

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>

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

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