



## 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 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

Revised 06/18

**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 **\$100** per activity. **Non-KPBSD students** will be assessed an **additional \$100** 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

# STUDENT HEALTH REVIEW

To be completed by parent or guardian.

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Zipcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone	Emergency Phone	Date of last physical exam		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Are your immunizations up to	Last tetanus shot	Last measles shot	Last TB skin test	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been diagnosed with COVID-19?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently taking any medications, pills or supplements?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been dizzy during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had chest pain during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you tire more quickly than your friends during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had high blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been told that you have a heart murmur?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had racing of your heart or skipped beats?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died of heart problems or sudden death before age 50?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any skin problems ( <i>itching, rashes, acne</i> )?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a head injury?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a concussion? If yes, how many _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been knocked out or unconscious?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you suffer from migraines?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had a stinger, burner or pinched nerve?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever had heat or muscle cramps?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been dizzy or passed out in the heat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have trouble breathing or do you cough during or after activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you use any medical assistant devices ( <i>insulin pump, prosthetic, implanted device, etc.</i> )?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever had problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you wear glasses or contacts or protective eye wear?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries in any of the following bones or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| ___Head    ___Shoulder    ___Thigh    ___Neck    ___Elbow    ___Knee    ___Chest   |                          |                          |
| ___Forearm    ___Shin/calf    ___Back    ___Wrist    ___Ankle    ___Hip    ___Hand   |                          |                          |
| 27. Are you Diabetic?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are you Asthmatic?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had any medical problem or injury since your last evaluation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any allergies ( <i>medicine, bees or other stinging insects</i> )??  | <input type="checkbox"/> | <input type="checkbox"/> |

List all allergies: \_\_\_\_\_

31. Have you ever had other medical problems (*infectious mononucleosis, etc.*)? ☐ YES ☐ NO

33. Explain all "yes" answers: \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct and give consent for my student to be examined.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCUSSION INFORMATION

## PARENT AND STUDENT VERIFICATION

In accordance with AS 14.30.142, the School District requires that each athlete, and each minor athlete's parent/guardian, receive written information on the nature and risks of concussions each year. Students may not participate in school athletic activities unless the student and parent/guardian of a student who is under 18 years of age have signed a current verification that they have received the information provided by the District. Parents will be provided with a pamphlet provided by the Alaska School Activities Association entitled "A Parent's Guide to Concussions in Sports." Students will be provided with a fact sheet produced by the U.S. Dept. of Health and Human Services Centers for Disease Control and Prevention entitled "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes." Students who are 18 years of age or older will also be provided with the Parent's Guide.

Parents and Students should review this information, discuss it at home, and direct any questions to the student's coach, school principal or athletic activities director.

For more information go to: <http://asaa.org/resources/sports-medicine/>

### Student Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "Head's Up: Concussion in High School Sports – A Fact Sheet for Athletes" and understand its contents.

**Student Signature**

**Print Name**

**Date**

### Parent/Guardian/Eligible Student Acknowledgement (Parent signature required for all students under 18 years of age; student signature required for students age 18 or older)

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

**Parent/Guardian/Eligible Student Signature**

**Print Name**

**Date**

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

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**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