

## Parental Permission for Foreign Exchange Student Athletic Participation

(Optional – For school internal use only)

This form is provided to WIAA member schools to use at their discretion. If completed, the form should be retained in the school's eligibility files. Only page 1 of this document should be sent to WIAA for eligibility verification.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

**To Biological Parents:** Your son/daughter has expressed interest in participating in interscholastic athletics at our school. If you consent, we request that you review the following information, sign and fax back to the number listed below.

1. I hereby give my permission for the above named student to practice and compete and represent the above named school in interscholastic athletics except those restricted on this form. (Below)
2. I further grant permission for any medical records pertaining to the health of my son/daughter be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. All foreign students must have a physical conducted in the United States prior to participating in practice or competition at a member school.
4. It is recommended that information regarding your child's allergies and prescribed medications also be made available to the school.
5. We understand that participation in co-curricular activities provided by the School District (identified above) may result in injury, some of which could be serious including; permanent paraplegia and death. Participants hold the responsibility to perform only approved, safe techniques in practices and games.
6. We authorize consent for communication between the athlete, parents, School District representative or appropriate healthcare providers to discuss any pertinent information in regards to current or previous medical conditions.
7. We further authorize the School District representative or appropriate health care providers to take any appropriate, necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (Hospital) and the EMF to treat the condition. I also give permission for appropriate health care providers to perform any necessary evaluative procedures and follow up treatment of injuries sustained through participation in athletics.

Having been cautioned and warned, we fully understand and agree to the participation of our son/daughter in co-curricular activities under the conditions described on this form. Furthermore, we release the School District, the members of the School Board, and their respective employees and agents from any liability and claims for injury or illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the School District does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such co-curricular activities does not lie with the District. We understand that this release will apply to myself, and personal representatives, heirs, and assigns and will remain in effect for 1 year from the date below.

Name of Private Insurance Carrier: \_\_\_\_\_

Policy number(s) and Address: \_\_\_\_\_

Physician: The above named student has been examined and there are no apparent contradictions to participating in interscholastic activities except as follows:

Sports or activities in which this student cannot participate are (if none, write NONE)

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Return signed form to the following

Attention: \_\_\_\_\_ (Athletic Director, Principal or other)

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_