

EAST LYME HIGH SCHOOL
30 CHESTERFIELD RD.

ATHLETIC DEPARTMENT
EAST LYME, CT. 06333

MEDICAL RELEASE FOR INTERSCHOLASTIC ATHLETICS

Please list the sport for each season you will try out for or put none or undecided

*******Use black ink*******

*****SPORT:** FALL WINTER SPRING

Student's Name: _____ GRADE: _____ **Please Circle:** Male Female

Date of Birth: _____ Age: _____ **Phone:** Parents: _____ Student: _____

Student's Address: _____

***EMAIL ADDRESS-Student:** _____

EMAIL ADDRESS-Parent : _____

Parent/Guardian's Name _____

Parent's Employment: _____

Phone #: _____ Address: _____

Medical Insurance Co: _____

Coverage Number(s)Group #: _____

Individual #: _____

IMPORTANT

- 1) Parents/guardian's must notify the school nurse in writing of any changes in the information on this form.
- 2) It is understood that payment for medical claims will be processed in the following manner:
 - a) The parent/guardian's own health insurance coverage is primary and therefore pays first. The sports accident plan of the school covers the balance up to the policy limitation.
 - b) If there is no parent/guardian coverage then the school's sports insurance is primary and pays from the first dollar up to the policy's limit.
 - c) Student insurance purchased by the parent/guardian through the school does not cover interscholastic sports claims.

PLEASE SIGN BELOW:

I HEREBY AUTHORIZE _____ (Student's name) to be treated in an emergency through any certified medical program by qualified medical personnel.

*****Parent Signature:** _____ *****OVER*****

PARENT OR GUARDIAN STATEMENT:

1. Before participation in any practice or contest in interscholastic athletics, all East Lyme students are required to have a comprehensive physical examination within a *13 month period preceding the first practice* in which a student participates in any given year. This physical need not be in addition to the physical which is done to meet the requirement in grades seven and eleven.
2. Parents or guardians are encouraged to have physicals done by the family physician during July and August.
3. Parental permission must be authorized before the start of each season during which the student participates.

I approve of my youngster participating in interscholastic athletics. I will not hold the East Lyme Public Schools or the East Lyme Board of Education or its employees responsible for any injury sustained while engaging in any practice or game or while traveling to or from practices or contests. I understand that all students participating in interscholastic sports are covered by a blanket insurance policy for injuries sustained while engaging in sports under the sponsorship of the East Lyme Board of Education. (See statement below.)

I/We give our permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I/We acknowledge that we have read and understand this warning.

(Please use black ink only)

 ****Signature of Parent/Guardian

 Date

Ref: East Lyme Board of Education Policy Number 5141.3

STUDENT'S NAME _____

GRADE _____

SPORT _____

Permission to be seen by ELHS Athletic Trainer as needed.

****Signature of Parent/Guardian _____

Insurance Notice

The blanket insurance policy referred to above is an excess plan. The medical benefit of this program is an "excess" type benefit that picks up where other coverage leaves off. If the injured person's expenses or treatment are covered under "no-fault" automobile insurance or any other blanket or group coverage (such as PHS or Blue Cross) which provides benefits or services for, or by reason of, medical or dental care or treatment, then this program will pay only the medical expenses not provided or reimbursable under the other coverage. However, the maximum payable as the result of any one accident will not exceed \$500,000 in the aggregate for all covered expenses, except that dental injuries will not exceed \$100,000 in the aggregate.

