

DATE _____

**ANSELMO-MERNA PUBLIC SCHOOL
EXTRACURRICULAR ACTIVITIES
EMERGENCY INFORMATION**

Student's Name	DOB	Grade Level
-----------------------	------------	--------------------

Emergency Contact Information

	Home #	Work#	Cell #
Primary Contact/Relationship			
1st Secondary Contact/Relationship			
2nd Secondary Contact/Relationship			

Medical Provider Information

Student's Physician	Telephone #
Student's Dentist	Telephone #
Insurance Co.:	Name on insurance card
	Insurance ID#

Medical Background (for Athletic Participants)

Date of Last Tetanus:	Blood Type:
Allergies to Drugs:	Food Allergies:
Student's medications an emergency responder should be aware of	
Other information an emergency responder should be aware of:	
Any other pertinent information coaches or sponsors should know about related to emergency response for the student:	

Date: _____

(Signature of Parent/Guardian)

To be completed for students participating in all NSAA activities.



NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
Student and Parent Consent Form

School Year: 20____-20____ Member School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross County	Soccer	Volleyball
Music	Football	Softball	Wrestling	Debate	Journalism

DATED this ____ day of _____, _____.

Parent [Print Name]

Parent Signature

Dear Parents:

Anselmo-Merna provides a Licensed Athletic Trainer for sports medicine services at most home and away events and once a week during the school day. The Athletic Trainer will be available to evaluate sports related injuries and to determine the course of treatment/rehabilitation of the injuries. In order for your child to meet with the Athletic Trainer, it is necessary for you to sign for the consent of treatment and release of information.

Treatment and release of information agreement

In the event of need, we/I hereby give our/my consent for _____
Student Name
to consult with the Anselmo-Merna Athletic Trainer, and for the Athletic Trainer to share information with only the appropriate people (Coach, PE teacher, AD, etc.) regarding the treatment of our/my child.

Parent/Guardian Signature

ANSELMO-MIERNA PUBLIC SCHOOL
Parents/students signature page

I acknowledge that I/we have received and read "A parents guide to concussions in sports". I understand the signs of a concussion and the steps that are now in place should my son/daughter sustain a concussion in a school sponsored athletic event.

(Parent signature)

(Date)

(Student signature)

(Date)

ANSELMO-MERNA PUBLIC SCHOOL

Parents/students signature page

I acknowledge that I/we have received and read "A parents guide to concussions in sports". I understand the signs of a concussion and the steps that are now in place should my son/daughter sustain a concussion in a school sponsored athletic event.

(Parent signature)

(Date)

(Student signature)

(Date)