Lisbon Secondary Schools

"7th - 12th Emergency Medical Release"

For the safety and well-being of your child, we ask that you sign this emergency medical release which will allow the school's representative to seek emergency medical treatment if you cannot be reached to give your approval. Be assured, that if the situation should arise that your child became ill or injured, that every effort would be made to contact you at the telephone numbers listed below. If, however, we were unable to contact you, this signed agreement will allow your child to be treated by professional medical personnel with unnecessary delay.

I give permission for my son / daughter, _____ age ___, to receive emergency medical treatment if necessary, while at an athletic event or on a field trip sponsored by Lisbon Community School. If treatment is necessary at a hospital, which hospital would you prefer:

___ St. Luke's ___ Mercy ___ U of I Hospitals & Clinics

Home Phone _____
Mother/Guardian
Work Phone _____
Cell Phone _____

Home Phone _____
Father/Guardian
Work Phone _____
Cell Phone _____

"Lisbon Athletics Insurance Information"

(Complete this section for Students participating in interscholastic athletics)

School Board policy recommends that students participating in interscholastic athletics be adequately insured against injury. The policy further states that if you as parent/guardian wish your student to participate without insurance, you must submit a written statement accepting full responsibility for all accidents and related costs for injuries. The school is not responsible in case of an accident.

Name of Student: _____

Please check one of the following:

_____ We have insurance coverage for our son/daughter.

Name of Insurance Company_____

_____We do not have insurance coverage for our son/daughter, and understand that the Lisbon Community School is not responsible for accidents occurring during practice or participation in athletics' and it is our responsibility as parent(s)/guardian(s)/legal custodian(s) to pay the cost of care in case of accident.

"Parent's or Guardian's Permission and Release"

I hereby verify the accuracy of the information on the Physical form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated by the licensed professional for the above named student during his/her most recent physical. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Typed or printed Name of Parent or Guardian_____

Signature of Parent or Guardian_____

"HEADS UP: Concussion in School Sports Acknowledgement"

Important: Students participation gin interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

_____ Students Signature Date

_____ Student's Printed Name

_____ Parent's/Guardian Signature Date

_____ Student's School

** Please note- for your child to participate in 7th-12th Grade Athletics, a physical form must be completed by your physician & turned in, PRIOR to participation.