

Durham Public Schools Assumption of Risk/Medical Treatment Release

Student -Athlete Name: _____

School: _____

Sport(s): _____ Date: _____

The Durham Public Schools system makes every effort to prevent injuries, but injuries do occur in athletics. By signing below, I understand:

1. The Rules and procedures of the sport listed above and am aware of the risks involved in playing them
2. The necessity of using the proper techniques and protective equipment (when needed).

I recognize that there are inherent risks in all athletic events (head and spinal cord injuries, fractures, internal injuries, etc.) and hereby give my permission for my son/daughter to participate in any and all interscholastic events sponsored by Durham Public Schools.

Permission is hereby granted to Durham Public Schools and its authorized representatives to initiate treatment and rehabilitation of injuries and authorize any needed major medical or minor surgical treatment, x-ray, examination, and immunization of the above named participating by appropriate medical personnel. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above name individual may be given.

I hereby release the Durham Public Schools system, local/Individual school personnel, and the individual members of each athletic department including, but not limited to, its coaches, certified athletic trainers, student athletic trainers, athletic training student aides, administrators, attending physicians, and all other connected with school athletic activities, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity associated with Durham Public Schools and do hereby agree to hold harmless any and all the above from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated.

Are you presently taking any medications, supplements, or pills?

- Yes
 No

If yes, please list: _____

Does student named above have allergies? (Medicines, bee stings, hay fever, etc)

- Yes
 No

If yes, please list: _____

Phone # Primary _____

Secondary _____

Emergency Contact: Name: _____

Phone # Primary _____

Secondary _____

Signature: (Parent/Guardian): _____