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Lindbergh Use Only

NAME _____
Last Name First Name
 School attended _____
 last year other than Lindbergh: _____ Grade _____

ATHLETE'S APPLICATION & LINDBERGH HIGH SCHOOL ATHLETIC CODE

I have read, understand and agree to abide by all the provisions of the Lindbergh High School Athletic Code.

Athletes Signature	
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SELF MEDICATION

Dear Parent,
 Due to the fact that Lindbergh High School athletic teams may take out of town trips, it is important that methods be instituted to assure all student medication needs are addressed while off campus on a school activity.

The Lindbergh School District has a policy regarding administering medications, Policy JHCD. Policy JHCD's provisions regarding self- administration of medication (part IV of the policy) refers to a "life-threatening health condition" and to the self-administration of "rescue medication." While your child's medication may not qualify as "rescue" medication, it is important that all medication be taken as directed by his/her physician. If your child requires no medication, please indicate so by checking and signing at the end of this letter.

It is understood your child self-administers his/her medication at home. In an effort to make an exception to the Policy's limitation to "rescue" medication and allow your child to self-administer his/her medication while on the team trip, you must agree to the following:

- The provisions of policy JHCD, part IV, must be met.
- You provide us with a completed copy of Form SSN20C. It is particularly important that the possible side effects of the medications be listed on this form.
- You agree that the school district, and its employees and agents, shall incur no liability as a result of any injury arising from the self- administration of medication and that you shall indemnify and hold harmless the district and its employees or agents against all claims arising out of the student's self-administration of the medication.
- You furnish a list of all medications your child is taking, including over-the-counter medications, together with the dosage and timing of such medications.
- You agree that your child will bring only the amount of medication needed for the trip.
- It is the responsibility of the parent to notify appropriate school personnel and complete new forms if this information should change.

Pursuant to policy, the school district and its employees or agents shall incur no liability as a result of any injury that might arise from the self-administration of medication, absent any negligence by the district, its employees or agents. Neither shall the school district or its agents or employees incur any liability as a result of your providing medical information to any school official, absent any negligence by the district, its employees or agents.

Please signify your agreement with the foregoing by signing in the appropriate box.

Parent Signature	My Child WILL REQUIRE MEDICATION , please send form SSN20C
	My Child need NO MEDICATIONS while on the trip

PARENT PERMISSION & EMERGENCY CARE PERMIT

I hereby give consent for _____ to represent his/her school in interscholastic athletics. I also understand and agree to support all of the provisions of the Athletic Code. I give my consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or returning from another school or during practice or an interscholastic contest. If I cannot be reached and in the event of emergency, I also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. I understand that the school may not provide transportation to all events, and my child may/may not drive his/her vehicle in such a situation. MSHSAA Bylaws state that a student may not drive to or leave from a sporting event with a driver that is under 21 years of age. The MSHSAA Bylaws also provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. My son/daughter is covered by basic accident insurance for the current school year under:

(COMPANY) Policy Number _____

I hereby give my permission to the attending physician to administer emergency care to this student who suffered an injury while participating in the interscholastic activities program of the Lindbergh School District.

Date _____ Grade _____ Date of Birth _____ Home phone _____

Address _____ Zip _____

Emergency Phone Numbers (in order) _____

Doctor's Name _____

Parent Signature	
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Doctor's Phone _____