ATHLETIC PARTICIPATION CLEARANCE FORM

I hereby give consent for my child,, to participate in the Picayune School District's athletic program during the 2017-2018 school year.	3
reayune school District's atmetic program during the 2017-2018 school year.	
I hereby authorize and give permission for emergency medical treatment to be rendered	
for and on behalf of my child,, for any injury received	
while participating in any supervised school related sports activity. This authorization	
includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.	
physicians, nospital emergency room physicians and nospitals.	
I hereby release the Picayune School District and all school personnel for any and all	
liability associated with such necessary treatment.	
I hereby acknowledge that health and accident insurance is required for participation in	
all organized athletic activities and further certify that my child is covered under the	
health and accident program listed below.	
School day insurance	—
Policy #	-
School day insurance is available online at the Picayune School District website:	
www.pcu.k12.ms.us.	
Other insurance Policy #	
Name of Agent	_
The <u>Picayune School District</u> is prohibited by law from paying any expense incurred for	,
any accident involving a student on school property or participating in school activities and does not provide health or accident insurance for participants in athletic programs.	
and does not provide hearth of accident insurance for participants in aumetic programs.	
In addition, I assume any expenses for liability not covered by the above required	
insurance policy for injury received by the above named student while participating in	
sports authorized above. I accept full responsibility for medical and hospital expenses ar	ıd
any other related expenses and do hereby hold harmless the Picayune School District and	d
the Board of Trustees, their agents or assignees, of responsibility for any such injury or	
expenses and waive any and all claims which may arise against them. I realize that	
participation in organized athletics involves the potential for injury which is inherent in all sports, sometimes severe enough to result in total disability, paralysis, or death.	
an sports, sometimes severe enough to result in total disability, pararysis, or death.	
Parent/Legal Guardian	_
Data	
Date	

DO NOT FOLD FORM MISSISSIPPI ATHLETIC PARTICIPATION FORM ATHLETIC HEALTH HISTORY

Please Print

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Ridney Disease																			
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Surgery - What Type?					7										ш				15 /
Date of last Tetanus Immunization To the best of our knowledge, we have given true and accurate information and we hereby grant permission for the physical screening evalua (we understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death further understand that the examination will be provided without expectation of payment and that the physician and many other med professionals providing services may be immune from liability under Mississippi law. This waiver, executed this day of 200 by		☐ Sι	irgery -	What Type															
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This waiver, executed this													nyment an	d that t	he ph	ysician	and I	many othe	er medica
and	•	-	_					_	WA	IVER	FORM								
if a physician voluntarily provides needed medical or health services to any program at an accredited school in the state without expectatic payment, the physician will be immune from liability for any civil action arising out of the provision of those medical and/or health care serv which were provided in good faith on a charitable basis. Such immunity does not extend to willful acts or gross negligence. Typed or Printed Name of Patient Signature of Patient Orthopaedic Exam Norm Abni		s waiver, e	execute	d this	da	ıy of _				, 2	200	, by	<u>, FILL</u>	IN A	ΓTIN	IE OF	- PH	YSICAL	, M.E
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Information below to be filled out by physician only											or Patie	nt's Pa	arent or Gua	ardian (If	Patien	t is 17 o	r young	ger)	
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