

**MARCHING BAND
MEDICAL ATTENTION RELEASE FORM**

Name of Student:	
Mother:	Father:
Address:	
Home Phone:	
Mother Work:	Father Work:
Mother Cell:	Father Cell:
In case of emergency, please contact:	
Name:	Phone:
Insurance Company:	
Policy Number:	
Any medical conditions (allergies, illnesses, etc.)	
Medications your child is currently taking:	
<p>I, _____, give permission to any Our Lady of Good Counsel faculty/staff to allow medical attention for my child, _____, in the event of an emergency. I understand I will be notified of the incident; however, the faculty/staff member will serve as consenting adult in my place.</p>	
<hr/> (Signature of parent/guardian)	<hr/> (date)

*Our Lady of Good Counsel
High School*

**ATHLETIC CONSENT/WAIVER
FORM**

Name: _____

Sport(s): _____

GRADE: 9 10 11 12

BY SIGNING BELOW, I/WE CERTIFY THAT:

I. Parental Consent to Treat:

- A. Permission is hereby granted to the Good Counsel High School Certified Athletic Trainers, Faculty and Coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury I understand that an attempt will be made to contact me in the most expeditious manner possible. If in the event I cannot be reached, the treatment or referral necessary for the best interest of the above-named participant is given.
- B. Permission is hereby granted to the Good Counsel High School Certified Athletic Trainers to proceed with any necessary evaluation, minor medical treatment, and/or rehabilitation of injuries for the above-named student/athlete.
- C. Permission is hereby granted to the Good Counsel High School Certified Athletic Trainers to proceed with any necessary use of modalities (i.e. Ice, Moist Heat, Ultrasound, Electric Stimulation, T.E.N.S, Light Therapy, Parafin Bath, Compression Unit, and Whirlpools) for the care, treatment and rehabilitation for the above-named student/athlete's injury(s). All modalities will be used under the orders of the Good Counsel High School Team physician and will only be administered by the Good Counsel High School Certified Athletic Trainers.

II. Consent to Receive Medication:

Permission is hereby granted to the Good Counsel High School Certified Athletic Trainer to distribute medication (listed below) to the above-named student athlete. Please indicate if your son/daughter SHOULD NOT have any of the following medications that are available in the Athletic Training Room for athletes.

Acetaminophen (Tylenol or generic- 500mg)	Diamode (Loperamide Hydrochloride- 2mg)**	Medi-Lyte (250mg)****
Aleve (220mg)	Di Gon II (Attapulgit- 600mg)	Mentax (Butenafine HCL cream 1%)*****
Afrin Nasal Spray (Oxymetazoline Hydrochloride)	Diphen (Diphenhydramine HCL- 25mg)	Mentho-luptus – HALLS
Alamag Plus (100mg max 200mg)*	Diotame (generic Pepto-Bismol)	Mentho-luptus- Powers sugar free
Aspirin (325mg)	Flexall (analgesic)	New Skin Liquid Bandage
Bacitracin	Gold Bond Powder	Sterile Saline Solution
Benedryl (25mg)	Hydrocortisone 1.0%, 2.0%, 2.5%	Sudodrin (generic Pseudoephedrine)
Betadine Solution (Providone-iodine 10%)	Hydrogen Peroxide	Tinactin Athletes Foot Cream/Spray/Powder
Biofreeze (analgesic)	Ibuprofen (generic- 200mg)	Tuffskin (Adherent Spray)
Cepocol Throat Lozenges	Maalox	Zinc Oxide Ointment
Cramer Analgesic Balms	Magonate Liquid (magnesium- 5ml/ 1Tsp)**	

*Magnesium Hydroxide, Simethicone, and Dried Aluminum Hydroxide Gel (generic form of Gas X) **Antidiarrheal

Electrolyte Replenisher *Potassium Chloride, Calcium Phosphate and Magnesium Carbonate (Electrolyte Replenisher)

The above-named student should NOT take, is allergic to the following: _____

III. PARENTAL AUTHORIZATION FOR THE USE & DISCLOSURE OF MEDICAL INFORMATION:

I hereby authorize the Athletic Training Staff to use and disclose our son/daughter's medical information for purposes related to the evaluation, care, and treatment of athletic-related injuries. I understand that I may revoke this authorization at any time, however the revocation will not apply to information that has already been released in response to this authorization. Should I choose to revoke this authorization, I must do so in writing and present my written revocation to the Athletic Training Staff. Unless otherwise revoked, this authorization will be in effect for the entire school year.

IV. STATEMENT OF RISK:

I acknowledge that Our Lady of Good Counsel High School assumes no responsibility for any risks associated with voluntary participation in school organized athletic, physical education or other activities. Furthermore, I understand that these sports activities involve risk of serious injury or death. After weighing these risks against the potential benefits my son/daughter may gain from these activities, I freely and fully accept the risks or athletics on my child's behalf.

V. STATEMENT OF LIABILITY: In exchange for the opportunity to participate in interscholastic athletics, I freely and fully waive any claim by me, my spouse, or my child, against Our Lady of Good Counsel High School and its employees arising from a sports related injury or from transportation to/from a sporting event.

VI. STATEMENT CONCERNING TRANSPORTATION:

I understand when Our Lady of Good Counsel High School does not provide bus or van transportation; my child will be responsible for arranging his/her own means. I do not hold Our Lady of Good Counsel High School or its faculty or staff responsible for any problems that may arise from these personal arrangements.

By signing below I/we certify that: I/we are in agreement with the statements/authorizations made above, the answers to the questions are true and correct and that I/we understand that having passed the physical examination does not necessarily mean that my child is physically qualified to engage in athletics but only that the examiner did not find medical reason to disqualify him/her at the time of said examination.

PARENT / GUARDIAN SIGNATURE

DATE

Name of Parent/Guardian (Print)

Relation to Athlete