

PERMISSION TO PARTICIPATE

One of the prime concerns of the Pottstown School District Athletic Department is the health and safety of our athletes. To that end we have established a policy concerning procedures and permissions which must be given prior to a student athlete being allowed to participate in any interscholastic activity.

1. **Physical Exam** - Each student athlete must receive a physical exam prior to their participation in an interscholastic sport.

Physical exams are provided by the Pottstown School District for a small fee. These physicals are given at prescribed and published dates and times. If student athletes do not avail themselves of that service at that time, it is their obligation to receive a physical from their family physician.

2. **Parent Permission** - Each parent must sign a form which indicates that according to PIAA bylaws they give their consent for the student athlete to take part in an interscholastic activity.
3. **Proof of Insurance** - Each guardian must provide proof of medical coverage for comprehensive hospitalization, medical and surgical insurance covering all expenses resulting from an accident that might occur while participating in any interscholastic school activity. It also acknowledges that the school district will not assume any responsibility for medical expenses incurred.
4. **Consent for Drug Testing** - Senior high athletes and their guardians must agree that the student athlete will participate in random drug testing during the season in accordance with school district Policy 6360.
5. **Emergency Procedure Cards** — Each student athlete and their guardian must provide a completed Pottstown School District emergency procedure card which the coach will keep on file at all practices and games. This card will indicate home and emergency contact numbers and all pertinent medical information relating to the student athlete.
6. **Acknowledgment of Risk** — Each guardian will sign a form which indicates that they acknowledge and are aware that participation involves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as a result of unavoidable accidents. They also acknowledge that they are financially responsible for any equipment that is issued to the student athlete.
7. **Permission to Receive Medical Care Authorization** — Gives authorization to the athletic trainer, school nurse, and Athletic Department staff to provide emergency first aid and follow-up care, which may include contacting health care professionals regarding the condition and/or rehabilitation of student.