



Labette County Schools

USD 506

Dear Parent and Athletic Participant:

Labette County USD 506 has made a conscientious effort to maintain good communications as well as to improve the safety of students on the field of athletics and in the physical education classroom.

In addition to continual inspection of facilities and equipment, most of our coaches and physical education instructors have participated in sports medicine workshops presented by nationally recognized medical doctors and will continue to “keep up” through studying professional magazines and further clinics and workshops. These workshops stress proper treatment and care of sports injuries. Also, LCHS student trainers are instructed and supervised by respective coaches and instructors.

Careful thought and planning has gone into our athletic programs. In most cases these plans have been outlined by your son or daughter’s coach and forwarded to you either in writing or at a preseason meeting.

We all know in spite of careful planning and attention to proper training techniques, in athletics there is a possibility a student may suffer severe injury which may include permanent paralysis or death as a result of participating. It should be noted that the school does not carry medical or health insurance to cover individual injuries. We encourage parents and/or guardians of participants to provide such insurance. We believe it is our duty to make you aware of this warning.

To assure all participants and parents have received this information, we would appreciate it if you and your student would sign below and return this form to your coach or athletic director, along with a physical, prior to practice or competition in the athletic program of your choice.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my consent for emergency medical or dental treatment for my child who may become injured or ill while under school authority. I understand this authorization does not cover surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____