

THE OVERLAKE SCHOOL

Summer Athletics Medical Information & Authorization Form

****Form must be completed and turned into coach prior to participation in Summer Athletics practices/ games etc. If you are participating with multiple teams a copy must be provided to each coach. Coach will retain this form for the duration of the summer "season"*****

The student's parent or legal guardian (collectively "parent") must complete this form and sign and date it, below.

Student Name: _____

Team Name: _____ hereafter "Summer Athletics"

This form requests additional student medical information and a medical authorization, and reaffirms your child's participation in Overlake activities – including Summer Athletics– under the terms of The Overlake School's *Acknowledgment and Assumption of Risks & Release and Indemnity Agreement*.

In further consideration for my child being allowed to participate in Summer Athletics, I understand and agree:

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Supplemental Medical Information: The information requested below is supplemental to the Overlake Medical Form! required to be completed prior to the start of the school year. Overlake seeks any additional information before Summer Athletics to assist in understanding student medical and health concerns and in the event of an emergency authorize medical treatment. As a result, you must complete the requested information honestly, accurately, and completely. This information may be shared with Overlake staff, and medical professionals!as! necessary, to address participant's health and medical issues. Otherwise, this information will remain confidential.

We will contact you if we would like additional information or would like to consult with the student's physician before a student participates in Summer Athletics. You should contact us if you or the student's physician have questions!or concerns about a student's ability to participate safely.

Does the student have any current, chronic or episodic condition/s? This would include, but is not limited to: severe asthma or allergies (including a known anaphylactic reaction), diabetes, a heart condition, an orthopedic injury, a seizure disorder, a current pregnancy, or a mental health issue (e.g. depression, eating disorder, self-abuse). Please list and describe below

Considering the nature of the activity, does the student have any existing injury/ies, condition/s or limitation/s that may necessitate care, affect the student's well-being, the well-being of others, or the student's ability to engage in any activity/s? If so, please describe below. Include any adaptations or modifications you consider appropriate or that are advised by their physician.

Medication Warning and Policy: Use of prescription and non-prescription drugs is a matter that Overlake takes very seriously. The abuse of prescription and even over-the-counter medications is a growing problem among teens and we encourage all parents to openly discuss this trend and its dangers with their students. Risks include, but are not limited to, participants bringing undisclosed medication; swapping, selling, sharing or trading their medications with other program participants, and overdosing or other adverse reactions. All medications a student is taking must be disclosed below. Summer Athletics participants must understand how to responsibly use and administer their medications, per their physician's written instructions. If students and families state that they may need assistance with certain medications, a meeting must occur to discuss medications before they participate. Students may carry and take their own OTC medication as needed but are not permitted to share medication with other participants. Coaches are not authorized to provide OTC medication to students in the Summer Athletics Program. Please see the Overlake Harmful Substance Policy for related information around student medications.

List the student's current prescription and non-prescription [OTC, Homeopathic] medications, including those regularly taken, or those prescribed or recommended for episodic or emergency use (such as epi-pens for allergies, asthma inhaler, etc.) that may be utilized during Summer Athletics. Include dosages and frequency of use

Does the student have special dietary restrictions?

I certify that the information provided above is true, complete and accurate. I agree to contact Overlake promptly if any! medical history/condition changes while participating in Summer Athletics. I acknowledge that providing inaccurate or incomplete! medical or health information or falsifying medical or health information can create serious risks to my child or others, and/or result in my child's dismissal from Overlake or from a particular activity. I understand that although Overlake staff will review this information and may allow participation, Overlake cannot anticipate or eliminate risks or complications posed by a student's mental, physical (including fitness level), or emotional condition. I agree to provide physician documentation of care, clearance, and restrictions to participation for any injury sustained while participating in the Summer Athletics season before my student may resume participation with the team.

Medical Authorization. I authorize Overlake staff, representatives, contractors or other medical personnel to obtain or provide! routine or emergency medical care for my child, to transport my child to a medical facility and to provide treatment (including but not limited to injection, anesthesia, or surgery) they consider necessary for the student's health. I agree to the release (to or by Overlake) of any medical records necessary for treatment, referral, billing or insurance purposes. I agree to pay all costs associated with that care and transportation. In the event of an accident or illness, I understand that Overlake will undertake! efforts to contact the parent in the event of an emergency. However, if I am not available, I authorized Overlake to provide or secure care as outlined above.

Name of Preferred Doctor _____ **Phone No.** _____

I understand that Overlake does not purchase or have medical/dental/hospitalization insurance in place to cover costs or expenses associated with a student's illness, injury or death. The parent is responsible for those costs and for securing appropriate insurance.

Name of Insurance Carrier _____ **Policy No.** _____

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Further Acknowledgment. I agree:

- I and my student have reviewed all Summer Athletics information received from Overlake via e-mail, meetings or other means and agree that we will review all additional information received from Overlake during the participation period. I understand that Overlake staff are available should I or my student have further questions about the Summer Athletics activities, associated risks or other concerns;
- I acknowledge and agree that, in addition to this supplemental Summer Athletics Information form, all aspects of my student's enrollment and participation in Summer Athletics are included within the scope of – and expressly subject to the terms of – the Overlake School's *Acknowledgment and Assumption of Risks & Release and Indemnity Agreement* already signed by me or my spouse. I re-affirm all aspects of that Document here, including my student's permission to fully participate in Summer Athletics. I agree to review that Document carefully with my student, in regard to my student's participation in the activities, the associated risks, the acknowledgment and assumption of risks, and parent and student responsibilities.

Parent/Guardian Contact Name/Phone # _____

Parent/Guardian Contact Name/Phone # _____

Home Address _____ **Work Phone #** _____

Emergency # _____

Signature of Parent/Guardian _____ **Date** _____

Two additional emergency contacts who can be contacted during Summer Athletics session in case primary above are unable to be reached:

1. Name: _____ Phone: _____

Relation to student:

2. Name: _____ Phone: _____

Relation to Student: