

Pierce Jr.-Sr. High School Parent/Guardian Consent & Release Form

I, the parent/guardian of _____, have been informed of the risks involved with participating in extracurricular activities. Catastrophic injury and concussions are two of such type risks. The Nebraska School Activities Association mandates our coaches to take extreme precaution in the case of a suspected concussion or head injury. I, the parent/guardian, have been informed of the signs of a concussion along with the protocol to return to competition and learn adopted by Pierce Jr.-Sr. High School. Adam Hervert, Pierce High School's athletic trainer, will assist our coaches in implementing our "return to competition and learn" policy. Mr. Hervert has the final say in all injuries. I understand that the Pierce coaching staff, along with Adam Hervert, will act in the best interest for my student-athlete if an injury should occur.

Parent/Guardian: _____ Date: _____

Please return to the high school office prior to your student-athlete's first scheduled competition.

Part II Medical Consent

I authorize Columbus Community Hospital designated certified Athletic Trainers and/or medical personnel to provide me with any preventative, first-aid, rehabilitative or emergency treatment deemed necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Pierce Public Schools Athletic activities. I give permission for medical information to be released and discussed with the certified athletic training staff, school nurse, team coaches, and strength coaches, athletic administrators, faculty representatives, parents and/or guardians.

I have read this medical consent in its entirety and understand and agree to its terms.

Initial Here: _____

I understand that I have the right to revoke all or any part or the above at any time by sending a written notification to the Pierce Public Schools. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. I have read and fully understand the Pierce Public Schools Athletic program requirements and all information supplied is accurate and current to the best of my knowledge.

Student Name(s) _____

Sport(s) _____

If under 18 years of age,

Parent/Guardian Signature _____

Date: _____