

North Tattnall Middle School
Athletic Participation Consent Form
(2025-2026 School Year)
Department of Athletics

Students Name: _____ Student's Grade: _____ Student's Date of Birth: _____

Sport(s): _____

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____ Work: _____

Student's Cell Phone: _____

***Note: Student's Special Medical Needs or Conditions:**

Allergies: _____

Carries an EpiPen: Y / N Carries an Inhaler Y / N

Daily Medications:

Medicaid Insurance Company (if none please mark
N/A): _____

Policy

Number: _____

Emergency Contact Name &
Number(s): _____

Emergency Contact Relationship to
Athlete: _____

Athletic Participation Risks Parent Consent:

My child has the opportunity to participate in intramural and interscholastic organized sports and athletic activities provided or sponsored by Tattnall County High School. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport activity, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. Realizing such. and in consideration of my child being allowed to participate in intramural and interscholastic organized sports and athletic activities provided or sponsored by Tattnall County High School.

1. I give my express permission for my child to participate fully in any intramural and interscholastic organized sports and athletic activities provided or sponsored by Tattnall County High School. (including such travel as may be incident to such participation);
2. I assume all risks, included any risks associated with any special medical needs or condition of my child', of my child's participation in any such sport or activity (including travel incident thereto):
3. I authorize any coach or other adult supervision any sport or athletic activity in which my child participates to obtain on behalf of my child, in my absence, any necessary emergency medicade services which may be required as a result of any

injury to my child in connection with such participation (including travel incident thereto). I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my child in the event of any emergency if cannot be immediately reached by phone or otherwise.

- 4, I agree with all expenses, other than that which is covered by Tattnall County High School's supplemental insurance, relating to or arising out of any such injuries or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify Tattnall County High School and its officers, employees, and trustees against any and all claims, liabilities, damages, and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity, or loss of life relating to or arising out of my child's participation in any such sport or activity. And,
- S. The undersigned grants the representative from Optim Sports Medicine and its employee's parental consent for your child's pre-participation screening and assessment/treatment of your child's injuries that he/she may suffer during the school year. I consent to internet storage and delivery of this information to medical providers.

I/WE HAVE READ THIS ATHLETIC PARTICIPATION CONSENT FORM CAREFULLY AND UNDERSTAND ITS CONTENTS

Parent/ Guardian Signature:

Date: