

# Orleans Central Supervisory Union

130 Kinsey Road, Barton, Vermont 05822

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Dear Student Athletes and Parent/Guardians:

This letter is to inform you of the requirements and expectations for students who wish to participate in our interscholastic sports program as approved by the Lake Region Elementary Middle School District School Board.

1. Physical examination by a physician within the last two years (must furnish a statement from a physician indicating that the student is able to participate in a sports program if we do not have a current form on file.).
2. Participants must be in good academic and behavioral standing in school and in the sport. (See eligibility guidelines enclosed below.)
3. Members of the team must provide their own transportation to and from practice. (The coach, using parent volunteers, will organize transportation to games).
4. A signed Athletic Contract/Permission slip/Medical Release on **file** in the school office

To monitor academic and behavioral standing, administration will check in weekly with classroom teachers on our athlete's work completion, effort, and behavior. Players who exhibit concerns may be unable to attend or participate in games and/or practices. We expect that students, with good familial support, will make any effort needed to remain eligible.

Students receiving suspensions will not be allowed to participate for the duration of the suspension. The administration also reserves the right to limit participation when it is appropriate due to academic/behavioral standing.

Our desire at OCSU is to provide the optimum opportunities for all interested students to participate in interscholastic sports/activities. We believe that students, parents/guardians, coaches, and staff must work together to achieve this. We thank you for your continued support in this process!

Sincerely,

Dana Jacobs

Athletic Coordinator

**OCSU Athletic  
Permission Form and Contract**

**Sport** \_\_\_\_\_

**Athletes Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

I, along with my child, have read these materials including any Principal's letter / Coach's expectations. We understand and accept these conditions and the consequences of disregarding any of these conditions.

We have also read the information on the symptoms, prevention, and treatment of **concussions**.

We also know that if we are unable to transport to away games we will make arrangements with other parents/guardians and/or the coach and notify the school who our student will be riding with. We will send in a note with our written permission to transport.

*As in all physical activities, there is always the chance of accident or serious injury occurring during games and practices. All participants in extra-curricular athletics **must** have proper insurance provided in some way by the parents. The school does not carry accident insurance for students.*

**MEDICAL INFORMATION & RELEASE FORM**

1. *Medical Conditions* (i.e. asthma, seizures, diabetes, allergies...):

2. *Medications\**: I give school personnel permission to administer the following medication(s) to my child (**include name of medication, dosage, how and when to be administered**):

All medications must be in their original container and any prescription medications that the school does not already have a physician's order for, must be accompanied by an order signed by the prescribing physician. It is unlawful to administer medication without following this protocol.

3. Students Physician's Name:

4. Parent/guardian phone #:

5 Emergency Contact Name:

Phone #

**Consent for Emergency Medical Treatment**

*I hereby authorize school personnel to provide emergency treatment for any injury or illness my child sustains while participating in school athletics. I also authorize them to seek professional medical intervention as needed. If qualified medical professionals decide that specific medical treatment is necessary and reasonable efforts to reach me are unsuccessful, I authorize them and their medical facility to perform such treatments.*

**Parent/Guardian's Signature**

**Date**

**Student Signature**

**Date**