

**SAN MATEO UNION HIGH SCHOOL DISTRICT
ATHLETIC PACKET**



PARENT CONSENT FORM

STUDENT'S NAME: _____ DATE: _____

- 1. ELIGIBILITY** – The District Eligibility Policy is designed to promote academic excellence and identify the student's primary educational responsibility which is the achievement of satisfactory academic progress.

Every high school student who wishes to participate in the District's co-curricular and extra-curricular programs must meet all of the qualification standards listed.

- A. Must achieve a minimum unweighted grade point average of 2.00 in all enrolled courses during the previous grading period.
- B. Must be receiving 25 semester credits during the previous grading period. (This is the District's minimum standard for "satisfactory educational progress.")
- C. Cannot be receiving more than one grade of F during the previous grading period.
- D. In the event a student is determined to be academically ineligible to participate in co-curricular or extra-curricular activities during the first grading period of the upcoming school year, the student may attend summer school and petition to have the grades earned during the intervening summer session substituted for the grades received during the previous grading period. In those cases where the course is retaken during the summer school, the higher grade will be substituted for the lower grade and the grade point average will be recalculated to determine the student's eligibility for the first grading period of the upcoming school year.
- E. Each student will be afforded a one-time probationary period during the 10th and 11th grades where the California Interscholastic Federation (CIF) requirements of 20 units and a 2.0 GPA will suffice for eligibility for one grading period.
- F. The eligibility requirements for 12th grade students will be the CIF requirements of 20 units and a 2.0GPA.

- 2. EQUIPMENT AND SUPPLIES** – Each student is responsible for returning all equipment and uniforms issued to him/her. The student will be charged for any misuse or loss of equipment or uniforms.

3. TRANSPORTATION REGULATIONS AND PROCEDURES

- A. Students, with the approval of their coach, wishing to drive themselves (students are NEVER allowed to drive other students) or adults volunteering to drive students to athletic events must complete Form #147-H.
- B. Schools may use staff, authorized by the site administration, to transport students to and from athletic events, school-sponsored club activities, and field trips.
- C. Students transported by district transportation from the school to an off-campus event must return to the school by the same means, unless released to the parent/guardian by the advisor/coach.
- D. The maximum number of passengers in any non-school bus shall not exceed the number of seat belts, or 10 passengers including the driver. No vehicle designated to seat more than 10 passengers shall be used to transport students unless it is operated by a driver with a California Special Drivers Certificate of the appropriate class and they are transported in a school bus, youth bus, or School Pupil Activity Bus (SPAB) which has been inspected and certificated by the California Highway Patrol.

_____ I give my permission for my son/daughter/ward to be driven in any district-provided transportation:

OR

_____ I give my permission for my son/daughter/ward to be driven in a District bus only.

- 4. INJURY** – There is a risk of serious injury in interscholastic sports. San Mateo Union High School District and the high school of attendance, including the faculty and staff, as well as the Associated Students, assume **No** liability for injuries incurred by the student during school-sponsored athletics.

ALL medical, hospital, or other bills are charged to the parent/guardian and are the responsibility of the parent/guardian. Neither the District, school or the Associated Students carries athletic injury insurance.

Parent/Guardian and Student Acknowledgment

SMUHSD Athletic Trainer Consent

San Mateo Union High School District has an athletic trainer at each school site that provides athletic training services during practices and/or school-sponsored athletic events. These services include injury prevention, emergency care, clinical examination and diagnosis, therapeutic intervention, rehabilitative care and referral to a physician if necessary.

The athletic trainer is also available for general treatment at the discretion of the student, parent/guardian, and the physician managing the student's injury. **Any treatment that occurs, other than at the time of injury during practice or competition, is recommended, but optional, to help the athlete address their injury properly and safely return to their sport. For injuries that are not managed by a physician, the athlete must be cleared for return to play by the athletic trainer.**

I, the parent or guardian identified above, have reviewed all information and hereby give consent to the SMUHSD athletic trainer to assess any athletic related injury to the student.

Parent's/Guardian's Signature: _____

Stanford Athletic Trainer Consent

I understand that the [SMUHSD] has also engaged Lucile Salter Packard Children's Hospital at Stanford and its affiliates (collectively, "Stanford Children's Health") to provide certain athletic trainer and healthcare services to student-athletes while students are engaged in [SMUHSD] athletic programs. By my signature below, **I hereby authorize Stanford Children's Health athletic trainers and other personnel to provide the services to the student-athlete identified above should the need arise while the student-athlete is under the supervision of the [SMUHSD].**

Parent's/Guardian's Signature: _____

Record Sharing with Stanford Children's Health Consent

The [SMUHSD] has engaged Lucile Salter Packard Children's Hospital at Stanford and its affiliates (collectively, "Stanford Children's Health") to provide athletic trainer and other services to student-athletes while they are engaged in [SMUHSD] athletic programs. I, the parent or guardian identified above, understand that while the student-athlete is under the supervision of the [SMUHSD], the [SMUHSD] and **Stanford Children's Health personnel may create records regarding the services and the student-athlete's participation in athletic programs. The records will only consist of student-athlete name, date of birth, and sport(s) in which they are participating in, and may include parent(s) email address.** If the student-athlete sustains an injury, further injury documentation may be documented pertaining only to the injury. I further understand that

the records are the [School's education records] and not medical records of Stanford Children's Health and that I may contact the SMUHSD at any time to de-activate such records.

By my signature below, I hereby consent to and approve the disclosure of the records to Stanford Children's Health so that Stanford Children's Health may use the information in the records to provide treatment to the student-athlete and otherwise use the records for the purposes described in their Notice of Privacy Practices. I understand that I may receive a copy of any records disclosed to Stanford Children's Health from the [SMUHSD].

Parent's/Guardian's Signature: _____

- 5. YOUTH SPORTS CONSENT** – I understand that the school district has entered into an arrangement with Lucile Salter Packard Children's Hospital at Stanford ("Stanford Children's Health") to provide certain services to student athletes while students are engaged in school athletics. I hereby authorize medical treatment by Stanford Children's Health for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school."

I hereby grant permission to the athletic training personnel to assess the injury and make appropriate recommendations upon assessment deemed reasonably necessary to the health and wellbeing of the named athlete. I understand the assessment is not intended to replace a physician's diagnosis/care and should not be viewed as a substitute. In the event that the athletic training personnel determine that further medical attention is deemed necessary, the athlete will be referred to a physician immediately.

Parent's/Guardian's Signature: _____

- 6. INSURANCE** – The Education Code of the State of California, Sections 32220 and 32221, requires, by LAW that any student in any "Educational Institution", who practices or participates in any extra-mural athletic event, MUST be insured for a minimum of \$5,000 to cover medical expenses due to accidental injuries. Additional coverage is highly recommended.

It is the responsibility of the parents/guardians to provide the ACCIDENT/INJURY insurance. San Mateo Union High School District **cannot** be held liable for medical treatment of accidental injuries incurred.

You must either:

- _____ **A. Provide certification of personal medical insurance coverage and complete the following:**

This is to verify that my son/daughter/ward is covered by:

Name of your insurance company: _____

ID #: _____

Group #: _____

The benefits of this policy are equal to or greater than the \$5,000 minimum required by State Law for Medical and Hospital Expense. YES___ NO ___

The above policy covers all interscholastic sports in which my student is participating.

YES _____ NO _____

NOTE: You are urged to review your policy with your insurance agent to verify that it applies to all injuries incurred through athletic participation and that it is for the minimum amount of \$5,000.

Is this student covered for medical care by the military? YES _____ NO _____

OR

- _____ **B. Purchase school insurance**

If you do **NOT** carry your own personal medical/accident insurance, you can purchase it for interscholastic or extra-mural athletic events. Application forms and information brochures, with current prices are available at the high school.

I am purchasing insurance through Myers-Stevens & Toohey & Co., Inc. YES ____ NO ____

If yes, enclose payment made out to Myers-Stevens & Toohey & Co., Inc. **DO NOT SEND PAYMENT DIRECTLY TO MYERS-STEVENSON & TOOHEY & CO., INC. AS THEY CANNOT GIVE VERIFICATION OF INSURANCE COVERAGE TO THE SCHOOL FOR AT LEAST A MONTH. Sending the payment to Myers-Stevens & Toohey & Co., Inc. delays the school's sports clearance procedure.**

Any student who needs financial assistance in purchasing medical/accident insurance for athletics should notify his/her coach.

As parent/guardian, I have read and understand the above rules, regulations, and information, including information about the potential for serious injury. I accept all of the above and give my full permission for my son/daughter/ward to participate and travel with the team(s) during this school year's entire sports season.

Parent's/Guardian's Signature: _____

Student's Signature: _____

Note: Please check carefully. Clearance for participation in sports will not be granted unless all of the blanks have been filled in and all of the questions answered.