

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170
DRUG TESTING POLICY CONSENT/AUTHORIZATION FORM**

I wish to try out for and or participate in school sponsored interscholastic activities. I have read the Board of Education's Interscholastic Drug Testing Policy for Student Participants and I understand and agree to the Board of Education's Policy and Procedures, including being randomly chosen for periodic drug testing, as a condition of participation in interscholastic athletic teams, on cheerleading squads, scholastic bowl, and Student Council. I understand that if I disobey the rules, I will be excluded from the opportunity to participate in these activities as provided in the Board of Education's Policy and Procedures.

Student Participant Signature

Date

Custodial Parent/Legal Guardian Signature

Date

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170
SPORTSMANSHIP PLEDGE**

I _____ am the parent/guardian of
_____. I agree to adhere to improving good
Sportsmanship at all athletic events by following the B-PC Sportsmanship Code.

Parent/Legal Guardian Signature

Date

BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170
MEDICAL RELEASE FORM FOR CONSENT TO TREATMENT OF MINORS

This is to certify that I/We, _____

(print name(s) in full)

the **parent(s), legal guardian(s)** of the person listed below, do hereby constitute and appoint staff members of Bushnell-Prairie City School District, Bushnell, Illinois my/our true and lawful attorney, solely, and with the power to authorize and consent to the administration of any anesthetic or medical treatment to, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physician, on the below named minor for the period from

August 1, 2024 to August 1, 2025 (inclusive)

 print name of athlete

 print date of birth of athlete

Person(s) completing this form:

 relationship to athlete; parent(s) or guardian(s)

Address of above:

Phone Numbers:

Home: _____

Work: _____

Cell: _____

Signature of parent(s) or legal guardian(s):

Allergies, medications or other medical conditions of the above athlete:

Please provide 2 emergency contacts that will be used only in the event that all attempts to contact the parent/In case the above cannot be reached please contact:

Name	Relationship	Phone number
Name	Relationship	Phone number

**BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170
INSURANCE STATEMENT OR WAIVER**

Please print student name

Please print parent/guardian name

I hereby state that my child is covered by a health, accident, and hospitalization policy with

_____ Insurance Company, Policy Number

_____ which policy provides insurance coverage for my child for any injuries resulting from extracurricular athletic activities, including but not limited to: football, golf, basketball, baseball, track, softball, volleyball, intramurals, flag squad, and cheer/dance practices or games, whether under the direct supervision of professional school personnel or not. I assume responsibility for any injury and any expenses and medical costs that should arise from my son/daughter being injured while participating in any of the above mentioned activities.

I hereby release and fully discharge the Bushnell-Prairie City School District #170, its agents, employees, and officers from any and all liability for injuries resulting from my child participating in any of the above mentioned activities.

I, the undersigned, have read this release and understand all its terms. I have executed it voluntarily and with full knowledge of its significance.

Date

Signature of Parent/Guardian

Signature of Student

Grade

This waiver is in force during the total school year in which it is signed.

BUSHNELL-PRAIRIE CITY SCHOOL DISTRICT #170
ATHLETIC HANDBOOK SIGNATURE CARD

I have received and read a copy of the Athletic Handbook and understand the material therein.

Student _____ Grade _____

Student Signature _____

Parent/Guardian _____

Parent/Guardian Signature _____

Date _____