



Athlete Name: _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I, _____, do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: **Athletics**

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)



MERCY ATHLETICS

School Year: _____ Athlete's Name: _____

AUTHORIZATION TO RECEIVE TEXT MESSAGES

1. **Mercy High School** and its administrators, faculty, and other staff, including coaches (School Personnel) engage in various forms of communication with Parents/Guardians and students regarding School, its mission and its activities.
2. Mercy High School wishes to expand the forms of communication to include voice mail to a cell phone, short message service (SMS), otherwise known as "text messaging" or "texting" or other similar forms of communication via cell phone, but excluding the sending or receipt of photographs.
3. Mercy High School recognizes that some Parents/Guardians may choose not to receive and/or not to have their child(ren) receive Messages from School Personnel.
4. Parents/Guardians understand and agree that Mercy High School will not pay for any costs to Parents/Guardians associated with the sending or reception of Messages to or from School.
5. Parents/Guardians may cancel this Authorization at any time by providing written notice to the School principal at **Mercy High School**. In addition, Parents/Guardians may, at any time, direct the School in writing at the same address to change the cell phone number(s) to which Messages are to be sent.
6. The School will not be liable for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, the sending or receipt of Messages in accordance with this Authorization.
7. Parents/Guardians who agree to accept Messages to themselves and/or their child(ren) are asked to fill in the following information:

____ Do not send Messages to my child(ren) or me.

____ Send Messages to me only.

____ Send Messages to my child(ren) and me.

____ Send Messages to my child(ren) only.

Parent Phone #: _____ Parent Phone #: _____

Athlete Phone #: _____

 Parents/Guardians' Signatures acknowledging that this Authorization has been read and understood: _____

 Print name(s) of Parent(s)/Guardian(s)

 Signature(s) of Parent(s)/Guardian(s)

 Date

NOTICE OF CHANGE IN TRANSPORTATION

My Daughter has the option of not **returning** to Mercy on the school provided transportation during the _____ school year.

My Daughter has the option leaving the sporting event and returning home with **HER PARENTS ONLY**. I understand this is for all non-league games, league games, scrimmages, and any additions to the schedule.

 Parent signature

 Date

 Athlete Signature

 Date

This form must be on file in the Athletic Office in order for Athlete to return home with her parents. Before every game/meet, the athlete must notify her coach if she is not returning on the school provided transportation.



Attention Catholic League Athletes and Parents

ATHLETE'S NAME: _____ GRADE: _____ DATE: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with our safety and wants you to receive the benefits of athletic participation.

I _____ (athlete signature), Student athlete, have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury

I hereby consent to participation by my child, _____ (athlete name), in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release **Mercy High School** and/or Parish, the Roman Catholic Archdiocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees) from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

Parent/Legal Guardian

Parent/Legal Guardian

Name of Insurance Company

Policy or group number (Contact Athletic Director ASAP if no policy exists)

I have received, read and understand the following:

- Assumption of Risk/Code of Conduct Agreement Form
- **Athletic Code of Conduct** (available on www.mhsmi.org/athletics)
- Medical Treatment Authorization Form
- Text Messaging/Change in Transportation Form

Parent/Guardian Signature

Parent/Guardian Signature

Athlete Signature

ATHLETIC CODE OF CONDUCT AGREEMENT

We, the undersigned, have received, read and will comply with the Mercy Athletic Code of Conduct and all regulations contained within for the _____ School Year.
School Year

We understand that by signing this form, we are agreeing to uphold the standards set forth in the Mercy Athletic Code of Conduct for the duration of the Mercy Athletic and School year.

Parent/Guardian Signature

Parent/Guardian Signature

Athlete Signature

I, the undersigned, give permission for my daughter's GPA and/or transcript to be released for the purpose of nomination for Athletic Awards/Honor Teams.

Signature: _____ Date: _____



The Best Approach To Concussion Management

Dear Parent/Guardian,

Mercy High School utilizes an innovative concussion management program for our student-athletes. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online, computerized exam that each athlete takes prior to the athletic season. We are setting up times for each team to take them in the computer lab.

If the athlete is believed to have suffered a concussion during competition, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions.

If an injury of this nature occurs, we will be in contact with you. Post-concussion tests will be taken under our supervision at school.

Founded by the University of Pittsburgh’s Medical Center Sports Concussion Program, this software is utilized throughout professional sports and has been mandated in the NHL. Used by 18 NFL teams, US Soccer and countless colleges and high schools across the country, it is fast becoming the “Gold Standard” in recognizing and managing head injuries. Additional information can be found at www.impacttest.com.

The exam takes about 25-30 minutes and is non-invasive. The program is basically set-up as a “video-game” type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the test.

One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. At Mercy, we understand the competitive nature of sports, but we always hold the athlete’s health and safety as our top priority.

Please sign and return the bottom portion of this form indicating permission for your daughter to take the test, and that you will make certain she follows the important instructions attached to this letter.

If you have any questions regarding this program, please feel free to contact me. Thank you.

Sincerely,
Michelle Gambino, AT, ATC

(Please cut here and return to Athletic Department)

PERMISSION SLIP

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read and understood the above information and give permission for my daughter to participate in the ImPACT Concussion Management Program. I also agree to ensure a valid test by following the guidelines on the reverse side of this letter.

Printed Name of Athlete _____ Sport _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____