

# MARSHALL MIDDLE SCHOOL

All students participating in co-curricular activities must have this card on file in the office prior to practice or participation.

**ALL THREE SECTIONS (I-III) MUST BE COMPLETED.**

2021

2022

## I. EMERGENCY INFORMATION

TO BE FILLED OUT & SIGNED BY PARENT/GUARDIAN (Please Print Information):

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Medical Insurance Carried on Athlete; if none, write "None":**

Name of Insurance: \_\_\_\_\_ Address: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In Case of Emergency, Contact:*

\_\_\_\_\_ at work \_\_\_\_\_ or cell \_\_\_\_\_  
Parent/Guardian Phone # Phone #

\_\_\_\_\_ at work \_\_\_\_\_ or cell \_\_\_\_\_  
Parent/Guardian Phone # Phone #

\_\_\_\_\_ at home \_\_\_\_\_ or work/cell \_\_\_\_\_  
Adult Relative/Friend Phone # Phone #

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check  **I GIVE**

One  **I DO NOT GIVE**  
&  
Sign  
Name

my permission to the attending physician at home/away contests to administer medical assistance to my son/daughter.

my permission to the attending physician at home/away contests to administer medical assistance to my son/daughter.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## II. PARENTAL PERMISSION – Athletics Only

- Date of Student's Most Recent Physical Examination by Physician: \_\_\_\_\_
- 1. I hereby give my permission for the above-named student to practice and compete and represent the school in Marshall Middle School approved sports.
- 2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
- 3. I further grant permission for any medical records pertaining to the health of the above named student be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
- 4. It is recommended that information regarding your child's allergies and prescribed medication be made available.

**PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



III. CO-CURRICULAR CODE OF CONDUCT AGREEMENT

Co-Curricular Code of Conduct Parent and Student Participation Agreement Form

**FOR PARENT AND STUDENT TO SIGN**

TO BE SIGNED BY STUDENT:

As a prospective participant in a Marshall Middle School Co-Curricular activity that involves contests/performances/events during the 2021-2022 school year, I, \_\_\_\_\_, agree to follow the expectations of the Co-Curricular Activity

*Please Print Participant Name*

Code of Conduct (outlined in the Co-Curricular Handbook). Furthermore, I am aware of the penalties, which will be imposed if I elect to violate any of the provisions of this Co-Curricular Code of Conduct. I certify that I have received, read, understand, and agree to abide by all of the information contained in the Co-Curricular Handbook. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*Signature of Marshall Middle School student*

\_\_\_\_\_  
*Date*

TO BE SIGNED BY PARENT/GUARDIAN:

My son/daughter \_\_\_\_\_, will be participating in a Co-Curricular activity at Marshall Middle

*Please Print Child Name*

School, and I agree to support the provisions in the Co-Curricular Code of Conduct, and expect him/her to abide by the policy provisions. I certify that I have received, read, understand, and agree to abide by all of the information contained in the Co-Curricular Handbook. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**A student may not participate in any  
Marshall Middle School Co-Curricular Activity  
until this form is completed in full on both sides.  
SIGNATURES FROM ATHLETE AND PARENT REQUIRED.**

