

**CPSD Upper Campus**  
**Intramurals Insurance Information, Informed Consent and Release for Participation, Consent for Medical Treatment and Medical Information**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Transfer Student: Y or N \_\_\_\_\_

Address: \_\_\_\_\_  
(number, street, city and zip code) Please print Intramural

Activity: \_\_\_\_\_

Name of Parent/Guardian (circle one) completing release: \_\_\_\_\_

(please print) Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

**A. Insurance Information, Insurance Selection and Informed Consent and Release for Participation**

The undersigned parent/guardian of the above named minor child hereby certifies that adequate insurance protection exists for any accident or incident of whatever nature of kind or other associated expense incurred while participating in Cambridge Public Schools Upper Schools Intramurals.

Name of the Medical Insurance Company: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy/Group Numbers: \_\_\_\_\_ Policyholder Number: \_\_\_\_\_

I authorize the above named child to participate in the Cambridge Public Schools Upper Schools Intramurals. I understand that as a participant my child will be engaged in physical and athletic activities and that there are inherent risks in athletic participation, including athletic practices and competitions, and that such participation, which is voluntary, involves the potential for injury to my child. I also understand that such injuries may include total and/or permanent disability, paralysis or death. I understand that the Cambridge Public Schools will not accept responsibility for any injuries sustained. I acknowledge and agree that my child may assume the risks associated with participating in Cambridge Public Schools Upper Schools Intramurals and the various activities that will be conducted as part of these intramural program(s). I and my child both understand that my child will be obliged to abide by the conditions covering participating in intramural athletic activities, the school based rules and codes of conduct of the Cambridge Public Schools Rights and Responsibilities Handbook as well as rules of conduct promulgated by organizers of the Cambridge Public Schools Upper Schools Intramurals. I and my child further understand that the Cambridge Public Schools expressly prohibits hazing and that any individual found to be a principle organizer or participant in any conduct or method of initiation into any organization which willfully or recklessly endangers the physical or mental health of any student or other person will not only lose all intramural privileges but also will be prosecuted to the fullest extent of the law. By signing this form and granting permission as state herein, I am releasing the City of Cambridge, Cambridge Public Schools, Cambridge School Committee and/or their respective officers, directors, agents and/or employees from and against all claims, losses and liabilities arising out of or related to my child's participation in the Cambridge Public Schools Upper Schools Intramurals.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Sports Related Head Injury and Concussion Awareness**

In accordance with state law student athletes and their parents/guardians are required to learn about the consequences of head injuries and concussions through training programs and written materials. Two free on-line courses are available which contain all the information required by the law. The first is available through the National Federation of High School Coaches. You will need to click the "order here" button and complete a brief information form to register. At the end of the course, you will receive a completion receipt. The entire course, including registration, can be completed in less than 30 minutes. This course is at:

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000> The second on-line course is available through the Centers for Disease and Prevention at: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)."Please initial below that you and your student athlete each have completed one of the on-line concussion courses and/or have read and understand the attached materials and return a copy of the completion receipt for either on-line course to the Upper School to provide to the Athletic Director.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**C. Consent for Medical Treatment** In consideration of the foregoing, in the event of illness or injury to my child, I hereby expressly consent and grant authority to the Cambridge Public Schools and/or their authorized representatives to seek, obtain, secure and authorize the administration of medical treatment for my child, including without limitation, first aid, CPR, AED or emergency procedures/treatments this may include, but are not limited to anesthesia, xrays, medical and/or surgical diagnosis, and, if necessary, having my child transported to a medical facility for medical treatment. I also grant permission to the release of my child's medical information to first responders, any medical facility to which my child is transported for medical treatment and to the Cambridge Public Schools or its authorized representatives. I acknowledge and agree that this also includes orthopedic injury rehabilitation and evaluation. However, I understand that the staff of the Cambridge Public Schools and/or their authorized representatives will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs. I further understand and acknowledge that I will bear the cost and expense of any medical treatment my child may receive.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. My child has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information. Circle all that apply and describe in detail: Allergies, Asthma, Heart, Lungs, Seizure Disorders, Muscular Bone Injuries, recent exposure to Chicken Pox or other contagious illness/disease, other (explain): Head Injuries, Diabetes, recent surgeries, and affected or impaired organs.**

\_\_\_\_\_  
\_\_\_\_\_

My child is taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the student's current physical to this document when returned to Upper School.