

Inhaler Use/Medications/Health Concerns/Medical Release

(Print athlete's last name, first name above)

Dear Parents and Guardians of Redeemer Athletes,

Inhaler Use/Medications

If your child needs an inhaler or medication for safe participation in the Redeemer Athletic Program, please provide the Athletic Director with a separate inhaler or the medication in the original container. Authorization forms, available from the office, must also be filed. Your child's inhaler or medication will be kept and administered, as directed on the authorization form, by the coach and will be with your child's team at all practices and games. Students are not allowed to carry their own inhalers or medications. All inhalers or medications will be returned at the end of the participant's sports season(s).

(Check)

_____ Please allow my child to use the inhaler/medication I have provided for him/her.

_____ Although my child sometimes uses an inhaler, I choose not to provide one for his/her use. The action that should be taken is:

Health Concerns

Although Redeemer Lutheran School recommends a physical examination, it is not required. Parents are expected to monitor the fitness levels for their children's participation in sports. Please respond appropriately:

_____ My child has the following health concerns which could potentially affect his/her participation in the Athletic Program:

_____ My child does not use an inhaler or medications and has no serious health concerns. Therefore, this is not applicable to his/her safe participation.

Medical Release

I give permission to the Redeemer Lutheran School Athletic Program to take whatever emergency measures (e.g., first aid, disaster evacuation, calling 911, rescue squad, etc.) are judged necessary for the care and protection of my child while he/she is under the supervision of the Redeemer Lutheran School Athletic Program. In case of medical emergency, I understand that my child may be transported to the closest hospital or medical facility for treatment if the local emergency resource (police, rescue squad, etc.) deems it appropriate and that my child will be transported at my expense. I understand that in some medical situations, the school staff will need to contact the local emergency resource before I (the parent), my child's physician, and/or other adult acting on my behalf can be contacted.

If immediate medical treatment is needed, I request that Redeemer Lutheran School contact me as soon as possible, and if able, before my child is taken for medical treatment. If I am not available, I request that my doctor be notified:

Doctor's Name: _____ Phone: _____

I authorize Redeemer Lutheran School to arrange for the emergency medical treatment for my child.

Signature of Parent/Guardian

Date

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(phone # between 3pm-7pm)