

VIKING CODE RELEASE

We have received a copy of the Tippecanoe Valley High School “Viking Code” and Expectations of **Behavior** and read and understand the policy.

We desire _____ (student) be permitted to participate in the interscholastic athletic program and hereby voluntarily agree to be subject to the terms of this program during the entire course of athletic participation in Tippecanoe Valley Schools.

Student Signature

Date

Custodial Parent or Guardian Signature

Date

Year of Student Athlete’s Graduation _____

TVHS ATHLETIC EMERGENCY MEDICAL FORM

This form is to help coaches be better prepared for emergencies and for the possibility that parents cannot be contacted. This form is to be kept in the medicine kit during practices and games.

Student's Full Name _____

Sport _____ School Year _____

Parent's Name _____

With the parent or guardian's permission, we will make emergency phone calls in the following order:

1 Parent's Phone Number _____

2 2nd Choice _____

3 3rd Choice _____

DOCTOR OR DOCTORS YOU PREFER CALLED:

1 First Choice _____ Phone# _____

2 Second Choice _____ Phone# _____

EMT TRANSPORTATION/HOSPITAL PREFERENCE

1 First Choice _____ Phone# _____

2 Second Choice _____ Phone# _____

OTHER INFORMATION THAT MAY ALSO BE USEFUL IF NEEDED:

Allergies _____ Current Medications _____

Medical Conditions _____

INSURANCE CARRIER _____ Policy # _____

Parent/Guardian Signature

Under state law, hospitals may not treat anyone under 18 years of age unless the parent or guardian gives permission by signature or the injury or illness is life threatening.

If you wish to give permission to treat your son or daughter in the event you cannot be contacted, please sign below.

Parent/Guardian Signature

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

HIPAA (Public Law-104-191) provides for the security of health care information. These regulations protect medical records and other "individually identifiable health information" communicated electronically, on paper, or orally.

I understand the regulations of the Health Insurance Portability and Accountability Act (PL-104-191) and my obligation to protect the privacy of each student athlete as it relates to health care information. I will not divulge any information that is in violation of this act.

Name (Printed)

Date

Student Signature

Parent Signature

INSURANCE FORM

(SHOULD BE TURNED IN BEFORE THE FIRST PRACTICE)

Please fill blanks, check the proper box and return to the coach or athletic office. This form **must be completed** even if you do not wish to purchase additional insurance.

_____ has my permission to participate in any
(Name of Student)

and all sports of their choosing during the _____ school year.

(*This form will be good for the entire school year. However, you may still purchase school insurance prior to the beginning of any season if you wish. We do ask that you file a new insurance form with the athletic office if you do purchase at a later time.)

NO _____ We feel our son/daughter is adequately covered by our own insurance. We therefore agree to full financial responsibility for any injury he/she may incur while participating in this activity.

YES _____ We wish to purchase additional **supplemental** Athletic Accident Insurance.

The one time cost for all sports (excluding 9th, JV and Varsity football) and in school supplemental accident insurance is \$22.00 (economy option), \$40.00 (standard option) or \$75.00 (deluxe option).

The cost of high school football only is \$159.00 (economy option), \$259.00 (standard option) or \$355.00 (deluxe option).

To enroll in any plan, please obtain and fill out an insurance application form and mail the application and form directly to the company in the provided envelope. Athletic office has the applications. It is the responsibility of the athlete and their family to obtain an insurance application from the athletic department.

Please sign and return this form to the Athletic Office also if purchasing additional insurance.

Date

Parent/Guardian Signature

**TIPPECANOE VALLEY SCHOOL CORPORATION
STUDENT RANDOM DRUG AND ALCOHOL TESTING PROGRAM
2011-2012 SCHOOL YEAR CONSENT FORM**

In the interest of the safety of our students, the Tippecanoe Valley School Corporation has adopted the Student Random Drug and Alcohol Testing Program. The program requires that students participating in athletics, extra-curricular activities, co-curricular activities, and student drivers be subject to random drug and alcohol screening tests. A copy of this program is attached to this form. Please read it carefully and retain it for your records. A student will not be allowed to participate as a member of any athletic team/squad, extra-curricular activity, co-curricular activity, or driving a vehicle to or from school or a school related activity until this form is signed and on file at Tippecanoe Valley High School.

I, _____ (student name), have read and understand the Tippecanoe Valley School Corporation's STUDENT RANDOM DRUG AND ALCOHOL TESTING PROGRAM. I desire to participate in this program and hereby voluntarily agree to be subjected to its terms. I accept the method of obtaining urine samples, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate fully in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosure authorized in this program.

Student Signature

Date

Parent/Guardian Signature

Date

----- DO NOT SEPARATE -----

I, _____ (student name), have decided **NOT** to participate in the Tippecanoe Valley School Corporation's STUDENT RANDOM DRUG AND ALCOHOL TESTING PROGRAM. I understand that in order for me to drive to school or participate in any athletic, extra-curricular, or co-curricular activity during this school year that I must submit a negative screen for drugs and alcohol at my own expense. Also, I must enroll in the Tippecanoe Valley School Corporation's STUDENT RANDOM DRUG AND ALCOHOL TESTING PROGRAM.

Student Signature

Date

Parent/Guardian Signature

Date