

PLEASE PRINT

Academy of Tucson Student Emergency Information

Date: _____
 Student's Name: _____ Date of Birth: _____
 Parent's/Guardian's Name: _____ Home Phone: _____
 Daytime phone number: Father wk _____ Cell _____ Mother wk _____ Cell _____
 Preferred hospital, if any: _____ Ins. Co. _____
 Doctor: _____ Phone: _____ Dentist: _____ Phone: _____
 Alternate emergency contact if parents cannot be reached:
 Name: _____ Phone _____ Cell _____

In case of medical emergency, we give our consent for school personnel to apply first aid treatment and to use their own judgment to secure medical aid and ambulance service.

X _____
 Parent/Guardian Signature Date

MEDICAL INFORMATION

Is student currently under medical treatment? No Yes If yes, please provide doctor's name and description of treatment:

Is student currently taking any medication? No Yes If yes, please list all medications: _____

Does student wear contact lenses? No Yes If yes, what type? _____

Does this student have any known allergies to medication or any other substances? No Yes If yes, please list. Be as specific as possible: _____

Has the student had any of the following?

Operations: _____
 Nature/Year Nature/Year Nature/Year

Fractures: _____
 Nature/Year Nature/Year Nature/Year

Date of last Tetanus shot: _____
 month/year

Has student had prolonged absences from school? No Yes If yes, please explain why and when: _____

Has student had or have now:

Asthma No Yes Epilepsy No Yes Hepatitis No Yes
 Diabetes No Yes Frequent Fainting No Yes Kidney Trouble No Yes

Be it known that I, the undersigned parent or guardian of _____ do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while at school or at any school-related activity. It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend through the current school year.

Dated this _____ day of _____, 20____, at Tucson, Arizona

X _____
 Parent or Guardian's Signature

Academy Of Tucson

PARENT GENERAL PERMISSION FORM

Student Name _____ Grade _____

Parent(s) Name _____ Daytime Phone _____

I/We do hereby indicate full consent for the above named student, our minor child, to participate in the following school benefits by indicating yes and initialing the entry and signing and dating this form.

- Field Trip Transportation – I/We will allow our child to be transported in school-approved vehicles for school-sponsored field trips conducted during the regular school day. I/We accept the responsibility for unreasonable and deliberate damage caused by our child while a passenger. I/We will encourage our child to respect the rules of good citizenship while a passenger.
Yes _____ Initials _____

- Field Trips – I/We will allow our child to participate in required school-sponsored field trips conducted during the regular school day. I/We expect to be informed in advance of such field trips.

Yes _____ Initials _____

- Student Recognition in School Publications – I/We will allow information about our child to be included in school newspapers, honor roll publications, school yearbook and rosters of students participating in school events. This includes, but is not limited to, spontaneous photographs which may be taken at school activities. This may also include news coverage of outstanding student/campus activities.

Yes _____ Initials _____

- Student Appearance in School Advertising—I/We allow pictures/video clips of our student to be included in school advertising pieces which may appear on TV and/or printed advertisements with no name identification being given.

Yes _____ Initials _____

- High School Transportation -- my son/daughter _____ has permission to **ride** with student drivers to and from school and to school events and/or athletic practices.

Yes _____ Initials _____

- High School Transportaion -- my son/daughter _____ has permission to **drive** other students in our car to and from school and to school events and/or athletic practices. I/we understand that our insurance is responsible for the occupants of the car.

Yes _____ Initials _____

ACADEMY OF TUCSON

STUDENT ATHLETE AGREEMENT

1. **TRAINING RULES:** Violation of these rules will result in dismissal from squad and possibly school.
 - A. No use of tobacco in any form.
 - B. No use of alcohol
 - C. No abuse of drugs
 - D. Evidence that an athlete is in attendance at a party where drugs and/or alcohol is being served; evidence that athletes are riding in cars in which drugs and/or alcohol are being used.
2. **BEHAVIOR/SPORTSMANSHIP:** Student athletes represent their school and therefore are expected to practice self-control and good sportsmanship at all times. Behavior that draws negative attention to the student athlete will not be tolerated. Each athlete is expected to abide by all rulings by officials with out protest. Acts of disrespect to coaches, officials or spectators will result in disciplinary action. Repeated offenses will result in dismissal from the team, and/or the school, depending on the seriousness of the offense. Student athletes are expected to wear their uniform in a proper manner at all times during games. At no time shall a student athlete purposefully remove any article of clothing other than warm-ups as a sign of protest.
3. **DRESS AND APPEARANCE:** Athletes should set the example in dress and general appearance. They should be neat and well groomed at all times.
4. **STEALING AND/OR ABUSING THE EQUIPMENT OR CLOTHING OR FACILITIES OF THE SCHOOL, OR ANY OTHER SCHOOL WILL NOT BE TOLERATED.** Athletes who are found to have stolen or abused equipment or clothing from this or any other school will be dismissed from the squad and restitution must be made.
5. **ATHLETES WILL BE EXPECTED TO BE GOOD CITIZENS IN AND AROUND SCHOOL. THEY WILL BE EXPECTED TO SHOW COURTESY AND GOOD MANNERS IN THEIR DEALINGS WITH SCHOOL PERSONNEL.**

I have read the above statements and fully understand their content and their relationship to me.

I agree to follow the above rules.

Student/Athlete _____ Date _____

Parent/Guardian _____ Date _____