

High School Sports Permission and Emergency Authorization Instructions

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Parents - It is important that you complete this process with your student athlete. You will both need to acknowledge and sign in multiple places. *Student athletes will not be permitted to participate until all applicable sections have been completed.* There are acknowledgements and sign-offs for each season - Fall, Winter and Spring.

The following is an example of a Spring Sport sign up.

Log into the PowerSchool Parent Portal* at <https://gradebook.milforded.org/public/home.html>

Click on HS Sport sign-off on the Navigation Menu.

*If you need assistance logging into the PowerSchool Parent Portal, please contact the Information Systems Dept. (203) 783-3446.

MILFORD PUBLIC SCHOOLS Athletic Permission/Emergency Authorization

Student Name:
School: -

I hereby acknowledge I have read the Student/Athlete Handbook explaining the following:
(Parent/Student Handbook located here.)

- General Policies/Procedures
- Participation
- Insurance Plan
- Athletic Code of Conduct
- Awards

- Milford Extra Curricular Activities Policies
- SCC Code of Behavior
- CIAC Eligibility Rules
- Athletic Equipment

Read and acknowledge the Student/Athletic Handbook (part of the Student Handbook)(click link to access).
Select a Spring Sport from the drop-down menu

Check the box to agree, and enter the Date

Fall Sport:

I agree to adhere to these regulations while participating in athletics in the Milford P

Date:

Winter Sport:

I agree to adhere to these regulations while participating in athletics in the Milford P

Date:

Spring Sport:

I agree to adhere to these regulations while participating in athletics in the Milford Public Schools.

Date:

I give my consent for my son/daughter to participate in the Milford Public Schools Athletic Program.

I understand that such activity involves the potential for injury which is inherent in all sports. Even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, disability, paralysis or even death.

I understand my son/daughter will receive transportation to and from all scheduled athletic events.

I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment, if required, when associated with an athletic injury or illness.

I/We acknowledge that I/We have read and understand this statement.

Fall Student Acknowledgement Date:

Winter Student Acknowledgement Date:

Spring Student Acknowledgement Date:

Fall Parent Acknowledgement Date:

Winter Parent Acknowledgement Date:

Spring Parent Acknowledgement Date:

Check the Spring Student Acknowledgement and enter Date,
Check the Spring Parent Acknowledgement and enter Date,
Complete the Student and Parent Electronic Signatures and enter Dates.

STUDENT ELECTRONIC SIGNATURE

The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.

Electronic Signature: Date:

PARENT ELECTRONIC SIGNATURE

The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.

Electronic Signature: Date:

Athletic Emergency Information

Student Name: _____ Grade: _____ DOB: _____

Address: _____

Parent - complete, sign and date the Athletic Emergency Information

Parent/Guardian 1:
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Parent/Guardian 2:
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____
 Highly Allergic to _____
 Diabetic Epileptic Asthmatic Cardiac Problems Contacts
 Other Medical Problems: _____
 Hospital Preference: _____
 Medications: _____

In the event Parent/Guardians cannot be reached, call:
 Name: _____ Phone: _____
 Name: _____ Phone: _____
 Insurance Company: _____ Policy Number: _____
 Insurance Carrier (Parent/Guardian) _____

You have my permission to take whatever action is deemed necessary for the health and welfare of my son/daughter.

ELECTRONIC SIGNATURE

The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.

Medical Parent Electronic Signature: _____ Date: MM/DD/YYYY

Student and Parent Concussion Informed Consent Form - Spring

Please review the Student and Parent Concussion Informed Consent Form located here. [\[Link\]](#)
 Please review the Milford Board of Education Concussion Policy located here. [\[Link\]](#)
 I acknowledge my receipt and review of the Student and Parent Concussion Informed Consent Form.
 I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severe consequences associated with this document.
 Student name: _____
STUDENT ELECTRONIC SIGNATURE
 The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.
 Electronic Signature: _____ Date: MM/DD/YYYY
 School Year 2016-2017: I authorize my child to participate in sport(s) selected above.
PARENT ELECTRONIC SIGNATURE
 The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.
 Electronic Signature: _____ Date: MM/DD/YYYY

Read and acknowledge the **Concussion Informed Consent Form – Spring** (click link to access form).

 Check the Spring Student and Parent Acknowledgement.

 Complete the Student and Parent Electronic Signatures and enter Dates.

Sudden Cardiac Arrest Student and Parent Informed Consent Form - Spring

Please review the Sudden Cardiac Arrest Student and Parent Informed Consent Form located here. [\[Link\]](#)
 I acknowledge my receipt and review of the Sudden Cardiac Arrest Student and Parent Informed Consent Form.
 I have read and understand this document the "Student and Parent Informed Consent Form" and understand the severe consequences associated with this document.
 Student name: _____
STUDENT ELECTRONIC SIGNATURE
 The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.
 Electronic Signature: _____ Date: MM/DD/YYYY
 School Year 2016-2017: I authorize my child to participate in sport(s) selected above.
PARENT ELECTRONIC SIGNATURE
 The electronic signature below and its related fields are treated by Milford Public Schools like a handwritten signature on a paper form.
 Electronic Signature: _____ Date: MM/DD/YYYY

Read and acknowledge the **Cardiac Arrest Informed Consent Form – Spring** (click link to access form).

 Check the Spring Student and Parent Acknowledgement.

 Complete the Student and Parent Electronic Signatures and enter Dates.

Health Assessment Record

Students must have a completed, current (within one (1) year) Health Assessment Record on file with the school nurse.

There is a link to a blank Health Assessment Record if needed.

[\[Link\]](#)
 and a blank Health Assessment Record here