

25-26

Jordan Public Schools

[ATHLETIC/ACTIVITY FORMS & INFORMATION]

Forms to be Returned to School

Jordan Public Schools Medical Consent Form

(AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD)

I, _____, of _____,
Parent's Name City, State

do hereby state that I am the natural parent or legal guardian having legal custody of
_____, whose birthdate is _____.
Name of Child Child's Birthdate

I authorize the appropriate school official of Jordan Public Schools, who is the supervisor of my child, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. **This for shall remain in effect until revoked in writing by the undersigned.**

Parent's Signature

Date Signed

OTHER INFORMATION

Child's Doctor and Doctor's Address _____

Child's Allergies, if any: _____

Medicines child is taking: _____

Other Medical Information: _____

Parents Telephone: _____

Emergency Contact when parents are unreachable: _____

Phone: _____

Permission Form
Athletic/Activity Liability Release Agreement
Jordan Public School District

I/We, _____, the parent(s) of _____
hereby grant permission to allow my child _____, to participate in the Jordan Public Schools
(GCDHS & JES) Athletic/Activity programs.

1. I/We agree that while participating in said athletic/activity programs, I/We and our child will fully comply and follow all rules and regulations of the District, including any and all rules, regulations or conditions required before my child is allowed to participate in said athletic/activity programs. I/we further agree that if any such rules, regulations and/or conditions are not fully complied with, the District may deny my child's participation in said athletic/activity programs. I/we further agree that if we have knowledge that our child has not complied with all conditions for participation, we will notify the District of the same and understand that our child will not be allowed to participate until such conditions have been satisfied.
2. I/We fully understand that there are inherent risks to students who participate in said athletic/activity programs regardless of the feasible safety measures that may be taken.
3. I/We agree that the District will not be responsible for any loss, damage, or injury to my child as a result of my child's participation in said athletic/activity programs, nor any loss, damage, or injury to my child as a result of my/our failure to comply with the conditions for participation in said athletic/activity programs that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee, or agent of the District.
4. I/We further agree that in the event it becomes necessary for the District to obtain emergency care for my child, the District will not and does not assume financial liability for expenses incurred because of an accident, injury, illness, and/or unforeseen circumstances.

Signature: _____
(Parent/Guardian)

Date: _____

Signature: _____
(Parent/Guardian)

Date: _____

Bus Stop Pickup/Drop-Off

SIGN AND RETURN IF YOU HAVE AN ATHLETE THAT WILL BE PICKED UP OR DROPPED OFF AT A REGULAR STOP OTHER THAN THE GYM PARKING LOT IN JORDAN

A student may be released on the way home from an activity at the normal bus stop to a parent/guardian or an adult designee upon request in writing from the parent/guardian. This request must be into the coach/advisor/A.D prior to the bus leaving for that activity. As a general rule, the student will only be released to their parent/guardian.

Please allow _____ to be picked up or dropped off at his/her regular bus stop during football, volleyball, basketball. Track, or other school activities for the **2025-2026** school year.

Parent/Guardian Signature _____

Date: _____