

SCHOOL YEAR

20__ / 20__

This form is valid only for the current school year, including summer school.

FREMONT UNIFIED SCHOOL DISTRICT

Office of Student Support Services

School _____

Athletic Team/Sport: _____

MANDATORY ATHLETIC HEALTH FORM

(This form must be completed prior to any student participating as a member of an athletic team/sport.)

Student's Name (Last, First) _____ Student's ID Number: _____

Date of Birth _____ Grade _____ Gender Male Female Nonbinary

My student DOES NOT have a health plan/physician's orders and/or medication at school and DOES NOT need individualized health support to participate in the above-mentioned team/sport.

Signature of Parent/Guardian: _____ Date: _____

My student currently has a health plan/physician's orders and/or medication at school and I agree to the following:

My student will carry a set of medication/s (with written authorization from the physician AND school contract) during all athletic team/sport practices, games/meets, competitions, etc.

Signature of Parent/Guardian: _____ Date: _____

I will keep my medication with me during all athletic team/sport practices, games/meets, competitions, etc. and I will not let anyone handle or use my medication. I will keep a copy of the Self-Carry/Self-Administration of Medication Contract (Form E) and my medication orders (Form D) with my medication, along with a copy of this document.

Signature of Student: _____ Date: _____

OR

My student currently has a health plan/physician's orders and/or medication at school and I agree to the following:

I will provide a separate set of medication/s to the school office to be carried by the designated coach/staff during all athletic team/sport practices, games/meets, competitions, etc.

Signature of Parent/Guardian: _____ Date: _____

For School Use Only (to be completed by the Coach)

I understand I may be responsible for the possession of this student's medication during practices, games/meets, competitions, etc.

Name of Coach (please print) _____ Coach's Signature _____ Date _____

Contact Number _____ E-Mail _____

Reviewed by: _____ Athletic Director (please print) _____ School Nurse (stamp & initial) _____ Date _____

Signature _____ Date _____

ROUTING: Parent/Guardian & Student → Coach → Athletic Director → School Nurse