

Scott County High School

2009 - 2010

Athletic Participation Packet

Athletic Informational Materials (read and keep as reference)

- Team Membership Guidelines
- Student Athlete Code of Conduct
- Parent Guardian Code of Conduct
- Scott County High School Drug Testing Policy
- MRSA Information

KHSAA Physician and Parental Permission Forms (2 Pages)

- Part I Athlete Information
- Part II Medical Information
- Part III Physical Exam (Must be valid entire season)
- Part IV Emergency Permission Form
- Part V Consent Form

****Must be signed and returned before first official practice

Other Required Forms (2 Pages)

- Drug Testing Consent Form
- Code of Conduct Acknowledgement
- MRSA Acknowledgement
- Transportation Consent

****Must be signed and returned before first official practice

Parent/Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefits to our students. As parents, when your child becomes involved in our program, you have a right to understand the expectations placed on your child. This begins with clear communication from the coach of your child's team.

Communication You Can Expect From the Coach

- Philosophy of the coach.
- Expectations the coach has for your child as well as all members of the team.
- Location and times of all practices and contests.
- Team requirements; i.e.: special equipment, off-season conditioning.
- Procedures should your child be injured during practices or contests.
- Discipline that results in the denial of your child's participation.

Communication Coaches Can Expect From Parents

- Concerns expressed directly to the coach.
- Notification of any schedule conflicts well in advance.
- Specific concerns regarding a coach's philosophy and/or expectations.

As your child becomes more involved in the programs of Scott County High School, they will experience some of the most rewarding moments of their lives. It is important to understand, however, that there may be times when things do not go the way you or your child wishes. At these times, discussion with the coach is encouraged.

Appropriate Concerns to Discuss with Coaches

- The treatment of your child mentally and physically.
- Ways to help your child improve.
- Concerns about your child's behavior.

As a parent, it is very difficult to accept your child's not playing much as you may hope. Coaches are professionals. They make judgments based on what they believe to be best for all students involved. As you have seen from the list above, certain things can be and should be discussed with your child's coach. Other issues, such as those listed below must be left to the discretion of our professional staff.

Issues Not Appropriate to Discuss with Coaches

- Playing time.
- Team strategy.
- Play calling and game strategy.
- Other student-athletes.

There are situations that arise that may require a conference between the coach and parent. This dialogue is encouraged. It is important that both parties have a clear understanding of the others position. When a conference is necessary, the following procedure should be used to help promote a resolution of the concern.

Procedure to Use in Discussing Concerns with a Coach

1. Call (or email) to set up an appointment. Please keep in mind that most of our coaches are classroom teachers and meeting time during the academic day may be limited. Your coach's school phone number is _____. Coaches email addresses can be found on the athletic website .
2. If the coach cannot be reached, please call Mr. Joe Covington, Asst. Principal/Athletics Director @502-863-4131x1148
3. Please do not attempt to initiate a discussion or confront a coach before or after a contest or practice. This can be an emotional time for all parties. Meetings in this setting usually do not promote resolution.

The Next Step

What can a parent do if the meeting with the Coach did not provide a satisfactory resolution?

1. Call and set up an appointment with Joe Covington to discuss the situation further with you, your son or daughter and the coach.
2. At this meeting, further appropriate steps can be discussed and determined.

Scott County Schools

Student-Athlete Code of Ethics

1. I hereby pledge to provide positive support, care, and encouragement for my team and coaches by following this Student-Athletic Code of Ethics
2. I will model good sportsmanship in a way that casts a positive light on our team, school and community.
3. I will place academic achievements as the highest priority and therefore will dedicate myself to be a scholar-athlete. I will seek help when I need it or when I'm struggling academically.
4. I acknowledge that decisions about playing time are the sole responsibility of the coach and that any discussions about playing time are to be directed to my head coach.
5. I am aware that nothing worthwhile is accomplished without hard work and a sincere desire to succeed. This means making a commitment to attend all practices and games, and being willing to sacrifice one's own desires for the good of the team.
6. I will respect my teammates and opponents, coaches, fans, and officials regardless of race, sex, creed, or ability.
7. I will respect all equipment and facilities and be responsible for all issued equipment. I will return all equipment at the end of the season.
8. I will be a positive role model for others and will represent my family, school and community by following the student code of conduct at all times.
9. I will refrain from the use of alcohol, tobacco, and illegal drugs, anabolic steroids, or any illegal substance that could alter my natural physical development and/or performance.
10. I will refrain from the use of profanity, vulgarity, and other offensive language and gestures.
11. I will not participate in any form of hazing.

Scott County Schools

Parent/Guardian Code of Ethics

1. I hereby pledge to provide positive support, care, and encouragement for my child participating in sports by following this Parent/Guardian Code of Ethics.
2. I will model good sportsmanship, always casting a positive light on our team, school, and community.
3. I promise to help my child enjoy the sport's experience by attending as many games as possible being a respectable fan, and transporting my child to and from practices as needed.
4. I will place the emotional and physical well-being of my child ahead of winning the game. I will do my very best to make sports fun for my child and will attempt to relieve the pressures associated with winning and losing.
5. I will support coaches and officials who work with my child in order to encourage a positive and enjoyable team experience for all.
6. I acknowledge that decisions about playing time are the sole responsibility of the coach and that any discussions about playing time are to be based on changes and/or improvements that my child needs to make if he/she is to earn more playing time.
7. I acknowledge that discussions about the performance of student athletes, other than my own child, are not appropriate and I will refrain from such discussions.
8. I will teach my child to respect other players, coaches, fans, and officials, regardless of race, sex, creed, or ability.
9. I will demonstrate positive support for all players, opponents, coaches, and officials at every game, practice or other sporting events.
10. I will encourage, not criticize the performance of the team, or a member of the team immediately after a game.
11. If my child has concerns about his or her role on the team I will encourage my child to talk to the coach first before I call the coach to discuss the matter. If an issue arises at a game or practice that I feel needs to be addressed then I will schedule an appointment with the coach to address the issue appropriately. Noting that playing time, team strategy, and or other student athletes positions or performance are not appropriate topics for discussion.
12. I will immediately report to the head coach and principal any incident of hazing reported by my child or any other student-athlete.

In the event that any adult acts in a way counter to the spirit of Code of Conduct, the school principal has the authority to issue appropriate actions. Such actions could be, but are not limited to, game/season/school year prohibition from attendance at any school sponsored extracurricular activity.

SCOTT COUNTY SCHOOL DISTRICT DRUG TESTING POLICY PILOT PROGRAM

For the purposes of this policy, student refers to any student in grades 9-12 who participates in any extracurricular activity selected by the Board for this pilot study to include, but not limited to, any athletic program, any driver, or any other extracurricular activity in the District. The district will randomly test 15% of the students eligible during the school year.

Students and parents/legal guardians will be made aware of the drug testing process and the steps and consequences if and when a student tests positive. It is important to maintain accuracy and confidentiality of the test results, including the maintenance of a documented chain of specimen custody to insure the identity and integrity of the sample throughout the collection and testing process.

Purpose

The purpose of the Drug Testing Program is to aid and assist students. It is not intended to unduly interfere with the student's private life or to bring hardship, but rather to protect the student's well being and threat of others who are associated with extracurricular activities in the Scott County School District. Specific goals of the program are as follows.

1. To reassure students, parents and community that the health and academic progress of each of its students is the primary goal of the Scott County School District.
2. To develop a drug-free extracurricular activities program and produce students who can serve as role models to influence peers to lead healthy and responsible lives.
3. To prevent drug use and abuse by students of the Scott County School District.
4. To identify any student who may be using or abusing drugs and to determine the identity of the drug or drugs.
5. To educate any student who may be using or abusing drugs as to the possible physical and mental effects drug use may have, and its possible adverse effects on the team and its members.
6. To provide opportunities for treatment and counseling rehabilitation for any student who is determined to be using or abusing drugs.
7. To provide reasonable safeguards to help insure that every student in the Scott County School District is physically competent to participate in extracurricular activities.
8. To remove the stigma of drug use and abuse from those students who do not use or abuse drugs.

No student testing positive (positive defined as: evidence of tested drugs in blood system), refusing to test, refusing to cooperate with testing or being in violation of this policy will be penalized academically. Information, including testing positive, will not be released to criminal or juvenile authorities absent compulsion by valid state or federal laws. The District will work with the student and/or his or her parent(s)/legal guardian(s) when there is any violation of this policy and procedures.

SCOTT COUNTY SCHOOL DISTRICT DRUG TESTING PROCEDURES PILOT PROGRAM

The Scott County School District administrators, coaching staff, and sponsors, along with the Scott County School District Board of Education, strongly believe that the use and abuse of drugs can

1. Be detrimental to the physical and mental health of students;
2. Seriously interfere with the academic, social, and competitive performance of the students;
3. Be extremely dangerous to the student's teammates, particularly with regards to the participation in competition or practice; and
4. Create an unfair and damaging stigma for those students who do not use and abuse drugs.

Because of the genuine concern for each student participating in extracurricular activities in the Scott County School District, as well as, the obligation to assure that the extracurricular activities programs are operated in the best interest of all who participate, the school district is implementing a program of drug education, testing and counseling/rehabilitation to assist and benefit all students.

Random drug Testing is required for any student participating in any extracurricular activity identified by the Board. Students and parents/legal guardians are **required to sign a student consent/release form** before submitting to screening or testing.

The drug testing program shall be implemented in accordance with the established board policy by the administration with the advice and assistance of representatives from the medical profession. The contracting biomedical laboratory shall be approved by the Scott County School District Board of Education and conduct drug testing according to nationally accepted standards and procedures.

The testing shall be done only with written consent from the student and the parent(s)/legal guardian(s).

The Drug Testing Policy is a pilot program and will be evaluated for the effectiveness of the program after two (2) years. This pilot program will be for the extra curriculum activity of (athletics or permission to drive to school). The Scott County Board of Education will receive a report of the effectiveness of the program and will make needed changes at the July 2010 Board Meeting.

FIRST POSITIVE RESULT

For the first positive result, a parent conference will be held with the Principal or designee, and the Student will be given a choice between two options:

Other Option 1:

When the positive result is verified and confirmed, the school official and the student's parent(s)/legal guardian(s) will be notified. The student will not be allowed to participate in any extracurricular event and/or drive to school until he or she tests negative. A minimum of one week must pass before the first test of the re-test is administered. The student can again participate in extra-curricular activities and/or drive to school after a negative test but the student and parent(s)/legal guardian(s) will attend and complete a District approved drug counseling program at the parent(s)/legal guardian(s)'s expense, and the student and the parent(s)/legal guardian(s) sign a release form releasing the school district from liability Participation in, and successful completion of, an approved drug assistance program. The program selected will be at the family's choice from a list of approved programs provided by the school's representative.

Option 2:

If option 1 is not selected, the student will be suspended from participation in extra-curricular activities and/or will lose parking privileges for the remainder of the academic year (July 1-June 30).

SECOND POSITIVE RESULT

For the second positive result in the same academic year the student will be suspended from participating in athletics or any extra-curricular program and/or will lose parking privileges for the remainder of the current academic year.

After the second positive urinalysis in the same Academic year, the school's designee will schedule a parent /student athlete conference. An effort to collaborate with the parents and the student athlete to develop a plan for additional treatment and counseling for the student will be the focus of that conference.

NON-PUNITIVE NATURE OF POLICY

No Student shall be penalized academically, nor face any consequences from the Student Code of Conduct for testing positive for illegal drugs. However, if a student violates the student code of conduct by being under the influence or, in possession of or trafficking in any illegal substance while on school grounds or at school sponsored function the student will be subject to consequences outlined in the student code of conduct. The results of drug tests pursuant to this policy will not be documented in any student's academic records.

Appeal Process

If the student is suspended from extracurricular activities, he/she has the right to appeal the decision to the Superintendent within five (5) business days. Then if the student receives an unfavorable decision he/she has the right to appeal the decision to Scott County School District Board of Education within five (5) business days for a final determination. Although the appeals process is informal, the student shall have the right to have an attorney, at the student's own expense, and the right to question witnesses.

Miscellaneous Provisions

If any portion of the policy shall be found to be unconstitutional or illegal, the remainder of the policy shall not be affected thereby, and shall remain in full force and effect.

All responsibilities and duties of administration and the District personnel named herein shall be deemed discretionary acts.

(If the board selects one population for this pilot program (i.e. athletics or permission to drive to school, changes will be made to ensure clarity of the policy).

MRSA INFO SHEET

What is it?

MRSA is a staph bacteria that is resistant to common types of antibiotics. Staph bacteria are one of the most common causes of skin infections and can cause pneumonia, surgical wound infections and bloodstream infections. These can become life-threatening infections if not treated properly. Recently, MRSA become more common in the community setting.

What does MRSA infection look like?

Staph infections often begin with an open wound- allowing the bacteria to enter the body and develop into an infection. Look for:

- Pimples, boils, or blisters which become red, swollen, painful, or have pus or other drainage
- Sometimes mistaken for spider bites
- Any cuts or scrapes on the body

Is MRSA infection treatable?

Most staph and MRSA infections are treatable with antibiotics. If you go to your physician with a possible infection, ask them to culture the infection so they know what type of antibiotic to put you on.

Drainage of skin boils or abscesses should only be done by a physician. DO NOT attempt to squeeze or drain a boil yourself. This will only spread the infection.

How to prevent MRSA or staph infection.

MRSA or staph infections are spread through physical contact or touching surfaces the infection has come in contact with- i.e., sports equipment, weight equipment, tables, lockers. Clean with EPA registered cleaners:

www.epa.gov/oppad001/list_h_mrsa_vre.pdf

PRACTICE GOOD HYGIENE!

Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer

Clean ALL cuts and scrapes daily with soap and water. Put over the counter triple antibiotic ointment on the wound and cover. This is especially important during physical activity when you are around other people. **Keep wound covered daily until it is totally healed.**

AVOID contact with other people's wounds or discarded bandages.

AVOID sharing personal items such as towels, clothing, razors.

DO NOT share equipment if it has not been wiped down first with an alcohol based sanitizer.

Shower after practices or games.

Take practice clothing home every night and wash it in **hot** water with detergent. Dry on a hot setting. Do not wear dirty clothing for practice or games.

Wash sheets, towels or clothing at home that has come in contact with your open wound with **hot** water.



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

2280 Executive Drive, Lexington, Kentucky 40505

Athletic Participation/Physical Examination Form/Consent and Release

PART I - ATHLETE INFORMATION

(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Table with 4 columns: Grade, School Name, School Year, Varsity Play - (Yes/No)?

I am planning to participate in the following (circle all you might try to play):

- Baseball, Basketball, Cross Country, Football, Golf, Soccer, Fast Pitch Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling, Cheerleading, Other

PART II - MEDICAL HISTORY

This part must be completed by parent and student and presented to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM: YES NO

- 1. Have you ever been hospitalized?
2. Have you ever had surgery of any kind (e.g., tonsillectomy)
3. Are you presently taking any medications or pills?
4. Do you have any allergies (medicine, bees, or other insects)?
5. Have you ever passed out during exercise?
6. Have you ever been dizzy during or after exercise?
7. Have you ever had chest pain during or after exercise?
8. Have you ever had high blood pressure?
9. Have you ever been told you have a heart murmur?
10. Have you ever had racing of your heart?
11. Has anyone in your family died of heart problems before 50?
12. Do you have any skin problems? (itching, rashes, acne)
13. Have you ever had a head injury?
14. Have you ever been knocked out or unconscious?
15. Have you ever had a seizure or suffer from epilepsy?
16. Have you ever had a stinger, burner or pinched nerve?
17. Have you ever had heat related problems?
18. Have you ever been dizzy or passed out in the heat?
19. Do you cough heavily, or breath heavily during activity?
20. Do you use any special equipment (e.g., knee brace)?
21. Have you had any problems with your eyes or vision?
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?
23. Are you missing one of any paired organs (e.g., eyes)
24. Have you ever been diagnosed with any form of asthma?
25. Are you using an inhaler for asthma?
26. Are you diabetic?
27. Do you administer insulin to yourself?
28. Are you presently using tobacco in any form?
29. Do you have a history of sickle-cell anemia in your family?
30. Have you had any other medical problems?
31. Have you had a medical problem or injury within the last year?
32. Can you swim?
33. When was your last tetanus shot?

Please explain any YES answers from questions 1-31 on page 1.

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Bylaw 2.

PATIENT NAME: _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____

Date: _____

Provider's Name (please print)	
Address:	
City/State/Zip	
Phone	

This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM

(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
CITY/STATE/ZIP _____
SCHOOL _____
BIRTH DATE _____
PHONE _____

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME _____
RELATION _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE _____
EVENING PHONE _____

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used:

Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and the first contest.

This form must be reproduced in order for a copy to travel with respective athlete.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.
The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.
The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.
The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution through the member school or by review at <http://www.khsaa.org/handbook/>. **Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.**
The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.
The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students' Name (please print) School

Student and Parent/Guardian Address

Signature of Student Date

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

Insurance Carrier Policy Number

Athletic Drug Testing Consent Forms.

Please sign and return to your coach.

Extracurricular Activities Name (Please Print)

CONSENT TO TESTING OF URINE SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION

To: Scott County School District Board of Education, Athletic Director, Coaches, and Administrative Personnel

I hereby acknowledge that I have received a copy of the Scott County School District Drug Testing Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Scott County School District in this policy.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Scott County School District Drug Testing Policy and at other such times, as urinalysis is required under the program.

I further authorize you to make confidential release to the school principal, district superintendent or his designee, athletic director, my parent(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a team member, and/or the drug counseling program, all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Scott County School District Drug Testing Policy which is applicable to extracurricular activities of the Scott County School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Scott County School District for actual testing.

The Scott County School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Printed Student Name

Student Signature

Date

We the parent(s) or legal guardian(s) of the above student, join in the above statement for the minor student.

Printed Parent Name

Parent Signature

Date

Witness Date

Release from Liability

The Scott County School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility and/or liability of any actions caused by the student's non-negative drug test. As students and parents we attest that said student is drug free and physically fit to participate in extracurricular activities.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Student Athlete Code of Conduct / Parent Code of Conduct / MRSA and Scott County Schools Transportation Acknowledgement Forms.

I acknowledge that I have read and agree to follow the **Student Athlete Code of Conduct** and the **Parent Code of Conduct** and the **MRSA Acknowledgement**.

I understand that MRSA can be a serious infection. I understand that precautions must be taken by the administration, coach, athletic trainer, athlete and parent. I understand that with all precautions taken MRSA is not completely preventable but with following the guidelines on the MRSA info sheet attached that we can reduce the risk of infection . I agree to follow the recommended precautions to help reduce the chance of infection.

Student's Signature

Date

Student's Name (Please Print)

Parent's Signature

Date

Parent's Name (Please Print)

**PARENTAL PERMISSION FOR
EXTRA-CURRICULAR ACTIVITY/STUDENT TRANSPORTATION**

This form is used to establish formal parental permission for student transportation.

I, _____, parent/legal guardian of _____, hereby grant permission to Scott County Public Schools to transport my child to the activities listed on their sports schedule. My child participates in the extra-curricular activities of _____
