Informed Consent
I. The Carteret County Board of Education requires student participants and parents/guardians of students who participate in sports give evidence of understanding the possible risks involved in such participation. The following statement shall be presented to each student athlete and his/her parents for their signature before the student is permitted to participate in the sport of his/her choice.

I understand that participation in sports involves risks of injuries; that participation in sports could result in death, serious neck and spinal cord injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the participant’s body, general health and well-being. My signature hereon witnesses my understanding of the possible risks involved for the participant named on this form in the sports programs sponsored by the Carteret County Board of Education.

Permission to Treat
II. The per-participation physical exam is a limited medical history and check-up to screen athletic participants to see if he/she can safely participate in sports. The exam is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician.

Permission is hereby granted to West Carteret High School, its authorized representatives, and any medical facility to proceed with any needed medical or minor surgical treatment, x-ray examination, and immunization for the above named individual. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named individual may be given. I hereby release West Carteret High School and members of its athletic training staff including, but not limited to, its coaches, athletic trainers, first aid personnel, administrators, and all others connected with the school athletic activities, and any attending physicians or surgeons, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity connected with West Carteret High School and do so hereby agree to hold harmless any and all of the above from any and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated.

Signature of Parent/Guardian ____________________________ Date __________

Signature of Student ____________________________ Date __________