

**STILLWATER PUBLIC SCHOOLS
AUTHORIZATION FOR EMERGENCY CARE TO MINOR**

In case of an emergency, this form authorizes a physician or dentist to provide necessary care to a child whose parents are not immediately available. All blanks should be filled in. Every effort will be made to contact a student's parent(s)/guardian(s) when a medical emergency exists. This form must be witnessed.

I the undersigned parent with legal custody or legal guardian of the minor listed below:

Minor's Name _____ Birthday _____

Address _____ Phone _____

Allergies _____

Health Problem (s) _____

Last Tetanus Shot Date _____ Insurance Company _____

Preferred Doctor _____ Preferred Dentist _____

Specialist (If applicable) _____

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to aid minor under the general, specific or special consent of:

Stillwater School Personnel

The temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma, I authorize the physician or dentist to call in any necessary consultant in his/her/their discretion. I further authorize said physician or dentist to exercise his/her/their discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis or medical or dental treatment.

This consent shall remain effective

As long as my child is a student in Stillwater Public Schools

Unless sooner revoked in writing, delivered to said physician or dentist, or said persons instructed with the custody, care and control of said minor.

I will not hold the school district financially responsible for the medical care and/or the transportation costs to obtain medical care.

(Parent Signature)

(Date)

(Witness)

STILLWATER PUBLIC SCHOOL CO-CURRICULAR ACTIVITIES STUDENT-PARENT CONTRACT

PARTICIPANT'S NAME _____ GRADE (Next School Year) _____

CO-CURRICULAR ACTIVITY 1. _____ 2. _____
3. _____ 4. _____

Participation in co-curricular activities in the Stillwater Public Schools is a privilege not a right. In order for the student to retain this privilege, the policies and procedures contained in this Contract must be adhered to in the spirit of discipline and dedication to the overall goals and objectives of our co-curricular program. The policies and enforcement procedures are relative to the co-curricular activities program and will be administered accordingly. Policies which are relative to the general student population will supercede the co-curricular activities policies when the student is participating in the education process as a student. Policies governing the general student body can be found in the policy manual and/or student handbook.

The rules are as follows:

1. **ELIGIBILITY:** A student must be passing on a weekly basis, all subjects in which the student is enrolled. If the student fails to meet the minimum requirement he/she will be placed on probation for one week. At the end of the one week probation, if the student fails to meet the minimum requirement, he/she will be ruled ineligible until he/she is passing all subjects in which he/she is enrolled.
At the conclusion of the eighteen (18) week grading period, the student must pass/earn six (6) credits counted toward graduation during that eighteen (18) week grading period. If the student fails to pass/earn six (6) credits, the student will be ruled ineligible for a period of six (6) weeks. This ruling is set forth by the Oklahoma Secondary School Activities Association (O.S.S.A.A.). Exceptions and/or interpretations will be made by the Director of Athletics/Activities and/or Principal.
2. **ATTENDANCE:** The Oklahoma Secondary School Activities Association rules indicate that a student must be in attendance a minimum of 90% of the time during the semester to maintain eligibility.
Attendance on the day of an event in the Stillwater Public Schools is mandatory. Therefore, any student participating in a school activity on a school day may not be absent from school for more than half a day in order to participate in the school activity.
It is understood that extenuating circumstances may occur. In those cases, the Principal and/or the Director of Athletics/Activities must be notified and they will determine eligibility for that day accordingly.
3. **EQUIPMENT, FEES, PHYSICALS, AND INSURANCE:** (If applicable). All student/athletes will be required to pay the replacement cost of lost equipment. The O.S.S.A.A. requires that all athletes have a current physical examination on file in the Athletic Department each school year. The cost of this physical will be the responsibility of the athlete and/or the parent or legal guardian.
The Stillwater School District will not assume the financial responsibility for injuries which occur during participation, nor will the district assume responsibility for ambulance and consulting medical fees or bills. School insurance is available to each student at the beginning of the school year. The parent or legal guardian must either take the insurance or sign the insurance waiver indicating they do not want the policy.
The Authorization for Emergency Care to Minor form must be on file with the coach before a student/athlete is allowed to participate.
4. **SCHOOL CONDUCT:** Students participating in co-curricular activities are expected to follow the rules and regulations which are found in the student handbook. Violation of these rules and regulations will result in the removal from activity/team for the length of time specified in the handbook. All rules, regulations and policies of the O.S.S.A.A. will apply to students.
The staff will be consistent when enforcing both general student rules and regulations and policies as contained in this contract.
5. **DRUGS AND ALCOHOL:** Stillwater Public Schools is committed to providing a safe and drug-free learning environment. The purpose of this policy is to provide a clear message to students, parents, and citizens of the community that possession, use, distribution, sale, conspiracy to sell or possess or being in the chain of sale or distribution, or being under the influence of alcoholic beverages, low-point beer (as defined by Oklahoma law, i.e., 3.2 beer), illegal or illicit drugs, or look-alike drugs will not be tolerated on school property or going to or from or attending school events.
The minimum disciplinary action for drug and alcohol violations for secondary students grades 8-12, shall be not less than three days out-of-school suspension, 20 days assignment to the in-school program, and exemption from participation or attendance in extra curricular activities for a six-week period. Should circumstances warrant, these minimum standards can be exceeded for first-time offenders. Repeat offenders may be suspended from all school activities for the remainder of the semester and the succeeding semester.
All cases involving alcohol and illegal drugs will be reported to local police authority.

I understand and agree to abide by all provisions of the Stillwater Public School Co-Curricular Activities Student-Parent Contract.

Date: _____ Student's Signature _____

I understand and agree to abide by all provisions of the Stillwater Public School Co-Curricular Activities Student-Parent Contract. I further stipulate that I will assist the Stillwater Public School District in the monitoring and enforcement of this Contract.

Date: _____ Parent/Legal Guardian's Signature _____

Accepted by Stillwater High School:

Date: _____ Coach: _____

Date: _____ Sponsor: _____

Date: _____ Director of Athletics/Activities: _____

STILLWATER PUBLIC SCHOOLS
SCHOOL PROVIDED NONPRESCRIPTION MEDICATION:
IBUPROFEN
For Athletic Use Only, Grades 8 - 12

I am the parent with legal custody or the legal guardian of _____ who is participating in Stillwater Public Schools athletic activities, grades 8 - 12. If this child is injured or becomes ill at athletic activities, I hereby authorize the designated school employee to administer the school-provided nonprescription ibuprofen (generic Advil).

Ibuprofen will be administered according to stated guidelines on the original container when the following conditions are met:

1. **Signed School Provided Nonprescription Medication, Ibuprofen, For Athletic Use Only, Grades 8 - 12 Authorization form is on file.**
2. **Student request is based on need and time of last dosage.**
3. **Ibuprofen will be made available for most athletic injuries. Distribution of this will be limited to the time before, during, or following practice and/or games.**

PLEASE NOTE: My child is NOT allergic to IBUPROFEN.

Signature of Parent with Legal Custody or Legal Guardian

Date

