

Olathe High School  
Required Activity Clearance Information

Student Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's or Guardian's Name \_\_\_\_\_  
Parent's or Guardian's residence \_\_\_\_\_  
Telephone \_\_\_\_\_

The following documents can be found on OMHS School Athletics Tab

1. Montrose County Guidelines for Extracurricular Activities JJJ-R.
2. Warning to parent/guardian-student of participation form
3. Insurance acknowledgement/waiver information
4. Participation fee information
5. CHSAA Bylaws Form

By signing this document, I state that I have had the opportunity to read the listed forms, understand them, and hereby consent to all terms and conditions contained therein. I certify that the student whose name appears above resides with me at the address indicated above. It is further understood that misinformation provided shall result in the student whose name appears above being declared ineligible to participate in athletics at Olathe High School.

Student Signature \_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date \_\_\_\_\_



Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permission is hereby granted to the attending physicians and hospital to proceed with any medical or minor surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of a serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by that attending physician or hospital to communicate with me. In the event they are not able to reach me, the treatment necessary for the best interest of the above named student may be given.

Ambulance personnel are requested to transport my child to an appropriate hospital or emergency care facility if such action is deemed necessary by his or her school official.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Phone numbers where parents can be reached:

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Other: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_