

CALVERT COUNTY PUBLIC SCHOOLS  
1305 Dares Beach Road  
Prince Frederick, MD 20678

**INFORMED CONSENT TO PARTICIPATE IN ATHLETICS**

Dear Parents/Guardians and Student Athletes:

Due to the spread of human immunodeficiency (HIV/AIDS) virus into the world of professional sports, some student athletes and their parents have suggested testing of athletes for the virus as a condition of participation. The medical community states that "routine testing of athletes for HIV infection is not indicated." The American Academy of Pediatrics (Pediatrics, Vol. 88, No. 3, September 1991) recommends: "Athletes infected with HIV should be allowed to participate in all competitive sports." This recommendation is based upon the extremely small chance of transmission of the virus through athletic contact.

Although it is theoretically possible that transmission of HIV could occur in sports such as wrestling and football, in which bleeding and skin abrasions are common, no such transmission has been reported in these sports. Peter Drotman at the U.S. Centers for Disease Control's division of HIV/AIDS has stated that "the risk of contracting HIV by participating in sports with others who may be HIV positive would be incalculably small" but "I cannot say there is zero risk. There is some conceivable risk that would certainly be remote, but we are unable to distinguish that risk from zero."

While the risks of contracting HIV/AIDS from participating in sports is minimal, parents/guardians are asked to give these thoughtful consideration before granting their son/daughter permission to participate as the risk is real.

Should you need any additional information about AIDS before reaching your decision, please feel free to contact Mr. Kevin Hook, Supervisor of Athletics, at 410-535-7295.

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I have read the message above and understand the minimal risk of HIV/AIDS infection involved in allowing my son/daughter to participate in the Calvert County Public Schools' athletic program. After consideration, I have decided that my son/daughter may participate in all athletic programs that he/she may decide to try out for unless indicated below.

I want to restrict participation and not allow my child to participate in the following sport(s):

\_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Parent's/  
Guardian's Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

You need only complete this form once during your three years of middle school and once during your four years of high school.

Return a copy to school. Retain a copy for yourself.