

MRSA CONTRACT
TO BE SIGNED BY ATHLETE AND PARENT/GUARDIAN

I, _____ have seen the educational video on
(Athlete's Name)
MRSA (Methicillin Resistant Staphylococcus Aureus) and agree that I will practice the
following preventative measures:

- Wash hands frequently
- Shower after practices and matches
- Never share personal hygiene items (towels, clothes, equipment)
- Wash all athletic clothing and towels after each use
- Cover any open sores on the skin when involved in contact sports
- Check skin daily and report any suspicious sores, pimples or open areas to parent, coach, trainer or the school nurse

I understand that I must have my parent/guardian sign this contract and that I must follow the preventative measures in order to continue participation in the sports program.

Athlete's signature: _____ Date: _____

As the parent/guardian of the above athlete, I agree to ensure that they use the preventative measures outlined above. I will have any suspicious areas checked by a doctor and will provide a written diagnosis and treatment of any skin problems this athlete has to the coach or athletic director.

Parent/Guardian signature: _____ Date: _____

*****THIS MUST BE RENEWED EVERY YEAR*****