ACTIVITIES AND ATHLETICS

EMERGENCY/INSURANCE INFORMATION AND CONSENT

Complete the following - please print

Student's Name _____
Last *First*

Name of parent or guardian: _____ Phone _____
Father *Work/Home*

_____ Phone _____
Mother *Work/Home*

Family Physician_____ Office Phone _____

Address _____

Alternate Physician _____ Office Phone _____

Person to contact if parents unavailable _____

Relationship to student _____ Phone _____

Address _____

Please check if student has the following:

_____ Asthma _____ Emotional Problems _____ Diabetes

_____ Epilepsy (___*Mild* ___ *Severe)* _____Cardiac Condition

_____ Other (*bee sting sensitivity, allergies, etc.*)_____

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PARENT OR GUARDIAN'S CONSENT

* I hereby give my consent for _____ to compete in OSAA
Student

or Phoenix-Talent School District approved athletics and activities and to go with the coach on any trips. This also authorizes emergency medical treatment to be given to my child if necessary.

** Proof of Insurance Coverage - Waiver of School District #4 Liability for Medical Expenses*

I certify that the above student is covered by medical/hospital insurance with:

_____ _____
Insurance Company Name *Policy & Plan #*

_____ _____
Signature of Parent/Guardian *Date*

Form 336A
'94