

Mission San Jose High School

AUTHORIZATION FOR ATHLETIC PARTICIPATION AND EMERGENCY MEDICAL CARE

PARENT: Any student taking part in the school athletic program must be insured against injury. If you do not have insurance, you may obtain it yourself or purchase student insurance through one of the plans offered by the Fremont Unified School District. If you currently have adequate insurance covering sports participation and providing a minimum of \$1,500 accidental injury coverage, please furnish this information at right.

BE AWARE:

- Most insurance policies do not pay the full amount of medical charges.
- Some insurance policies pay nothing for accidents unless the victim is hospitalized.
- Dental insurance usually covers natural teeth only and is limited
- FOOTBALL INSURANCE IS EXTRA RISK INSURANCE and must be handled separately. The district has plans to insure for football accidents.
- OTHER SPORTS: The school district also has available a plan that covers students for all other sports and authorized school activities.

♦SEE YOUR COACH FOR DETAILS AND FORMS♦
*INSURANCE INFORMATION MUST BE PROVIDED
PRIOR TO THE FIRST DAY OF PRACTICE*

Student insured by: _____

Name of insurance company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Name of employer _____

Address _____

City _____ State/Zip _____

EMERGENCY INFORMATION:

Student (Print) Last _____ First _____ Middle Initial _____ Birth date _____ Grade _____

Parent/Guardian(s) _____ Home phone _____

Address _____ Work phone _____

If you cannot be reached in an emergency, please name a person who will be responsible for your child.

Name _____ Relation to student _____ Home phone _____ Work phone _____

If injury is of a serious nature, do you wish to have your family physician care for your child? Yes No

Name of Physician _____ Phone _____

Address _____

If the physician, parent or guardian cannot be reached immediately, what action should be taken?

PARENT CONSENT

IT IS THE RESPONSIBILITY OF EACH SCHOOL DISTRICT TO INFORM EACH PARENT OF THE POTENTIAL DANGERS THAT EXIST WHEN PARTICIPATING IN INTERSCHOLASTIC ATHLETICS. PLEASE READ THE STATEMENT BELOW AND SIGN YOUR ACKNOWLEDGEMENT.

I am aware of the potential dangers of participation in interscholastic athletics. I realize that there is a risk of being injured in all sports no matter how many precautions are taken. I realize that this risk of injury may be severe including varieties of fractures, sprains, contusions, brain injuries, paralysis, or even death. I further realize that my son/daughter needs to follow carefully all of the guidelines given by the coaching staff regarding training rules, safety procedures, proper use of equipment, legal and safe playing techniques and any and all other safety procedures. I understand that even if all of the above is done, my son/daughter may still incur injury through participation in athletics. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

Student Signature _____ Date _____

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND GIVE MY PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN ATHLETICS AT WASHINGTON HIGH SCHOOL. I ALSO GIVE MY PERMISSION FOR THE ABOVE STUDENT TO BE TRANSPORTED TO AND FROM ATHLETIC CONTESTS.

Parent/Guardian _____ Date _____