

CONSENT FOR EMERGENCY CARE

School _____

Student Name _____

Parent(s)/Guardian(s) Name Home Phone Cell Phone Work Phone
Address City Zip Email
Emergency Contact - Person who can answer in your behalf Home Cell Work
for your son/daughter in case of an emergency

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician Phone Number Date of current physical

STATEMENT OF INSURANCE COVERAGE (All students must have some type of insurance.) Please choose either Option 1 or Option 2.

OPTION 1 I affirm that I am the Parent or Legal Guardian of the student signing this form. I request that this student be exempt from the school accident insurance requirements for students participating in athletics and certain other school activities.

Company Name: Phone #: Policy #

OPTION 2 I/We desire insurance that will fulfill the school accident insurance requirement.

I have purchased school insurance (Type) /\$ School Official Signature w/date of application:

HEALTH HISTORY (To be filled out by parent) Has your child ever had or now has: (Please check Yes or No)

Grid of health history questions with Y/N checkboxes: Allergy, Arthritis, Back pain, Loss Consciousness, Eczema, Epilepsy, Hives, Kidney Trouble, Migraine Headaches, Knocked Out, Concussion, Sore Throats, Anemia, Asthma, Diabetes, Fainting, Heart Murmur, Hernia, Menstrual Cramps, Mononucleosis, Tuberculosis, Valley Fever, Hearing Trouble, Spine Injury, Ankle Injury, Neck Injury, Elbow Injury, Wrist Injury, Joint Pain, Knee Injury, Rheumatic Fever, Hepatitis, Scoliosis, Sinus Trouble, Other

If YES, give year and details:

Operations: Fractures: Sprains/Dislocations: Does student wear contact lenses? Yes No
Medicine(s) student is allergic to: Medications(s) now taking: Date of last: Tetanus Booster Chest X-Ray:

THIS FORM MUST BE SIGNED BY STUDENT AND PARENT OR LEGAL GUARDIAN

BE IT KNOWN, that, I, the undersigned parent/guardian of the above named student, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in judgement of said doctor or hospital, may be required, on an emergency basis, in the event the above-named student should be injured or stricken ill while participating in an interscholastic activity sponsored or sanctioned by the Arizona Interscholastic Association, Inc. of which the above named high school is a member or any other school sponsored activity.

IT IS HEREBY understood the consent and authorization given are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that insurance or parent of student will pay any expenses incurred. Payment of expense is not a school responsibility.

"I/We recognize that the foregoing is a public document and falsification of information on that document to obtain admission to the Glendale Union High School District may constitute violation of the laws of the State of Arizona. I/We hereby certify that all the information contained in the Glendale Union District Athletic Participation Form is true and correct and recognize that in the event that any information in regard to residence has been falsified, I/We will be liable for nonresident tuition from the date of enrollment in the Glendale Union High School District."

It is further understood that any falsification on this document may result in student losing a year's participation and eligibility in interscholastic athletics in the Glendale Union High School District.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implication of signing this document and that I agree to be bound by this document.

Parent/Guardian (PRINT) Parent Guardian (SIGNATURE) Date:

Student Name (PRINT) Student Name (SIGNATURE) Date:

Student ID: