

Centerville Junior High School
**PERMISSION FOR PARTICIPATION IN ATHLETICS
And EMERGENCY MEDICAL CARE AUTHORIZATION**

**Insurance information, parent permission and physician's consent
MUST be provided prior to the first day of practice.**

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 the information in the box below.

- 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.

EMERGENCY INFORMATION:

Student _____ Birth date _____ Grade _____
(Print) Last First Middle Initial
Parent/Guardian(s) _____ Home phone _____
Address _____ Work #/cell _____

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

Name Relationship Home phone Work #/cell

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

Name of physician _____ Phone _____

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

PHYSICIAN'S STATEMENT

"I certify that I have, on this date _____, examined this student and that on the basis of the exam requested by the school authorities and the student's medical history furnished to me, I find this student may may not participate in supervised athletic activities."

Physician's Signature

Printed Name: _____

PARENT PERMISSION

I give my permission for my son/daughter to participate in athletics at Centerville Junior High. I also give my permission for the above student to be transported to and from athletics competitions.

Parent/Guardian Signature

Date: _____

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| <p>INSURANCE INFORMATION</p> <p>Student is insured by:</p> <p>_____</p> <p style="text-align: center;"><i>Name of insurance company</i></p> <p>_____</p> <p style="text-align: center;"><i>Street Address</i></p> <p>_____</p> <p style="text-align: center;"><i>City State Zip</i></p> <p>_____</p> <p style="text-align: center;"><i>Phone</i></p> <p>If the policy is through employment, provide:</p> <p>_____</p> <p style="text-align: center;"><i>Employer</i></p> <p>_____</p> <p style="text-align: center;"><i>Address, City, State and Zip</i></p> |
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