

CONSENT FOR EMERGENCY CARE

| | | | |
|---|---------------------|----------------------|---------------|
| ▶ _____ | / | / | / |
| Student Name | Student ID # | Date of Birth | Age |
| ▶ _____ | | | |
| Parent(s)/Guardian(s) Name | Home # | Cell # | Work # |
| ▶ _____ | | | |
| Address | City | Zip | Email |
| ▶ _____ | | | |
| Emergency Contact -Person who can answer on your behalf for your child in an emergency | Home# | Cell # | Work# |

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 <u>current</u> physical |

STATEMENT OF INSURANCE COVERAGE (All students **MUST** have some type of insurance.) Please **choose** either Option1 or Option2.

☒ **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. I represent that this student is currently covered and will be covered during the present school year by an accident insurance policy which provides at least in the equivalent sums and coverage as the policy offered by the school. This includes coverage in the event of injury in a school supervised game or activity.

Company Name _____ Phone # _____ Policy # _____

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

I have purchased school accident insurance (type) _____ / \$ _____ Effective date: _____ School Official Signature: _____

HEALTH HISTORY (To be filled out by parent)

HAS YOUR CHILD EVER HAD OR NOW HAS: Please circle YES (Y) and/or NO (N)

| | | | | | | | | | | | | | | | | | |
|---|---|---------------------|---|---|--------------------|---|---|------------------|---|---|---------------|---|---|---------------|---|---|-----------------|
| Y | N | Allergy | Y | N | Kidney Trouble | Y | N | Diabetes | Y | N | Valley Fever | Y | N | Hepatitis | Y | N | Sprains |
| Y | N | Arthritis | Y | N | Migraine Headaches | Y | N | Fainting | Y | N | Heart Trouble | Y | N | Scoliosis | Y | N | Dislocations |
| Y | N | Back Pain | Y | N | Knocked Out | Y | N | Heart Murmur | Y | N | Spine Injury | Y | N | Sinus Trouble | Y | N | Contact Lenses |
| Y | N | Loss Consciousness | Y | N | Concussion | Y | N | Hernia | Y | N | Ankle Injury | Y | N | Operations | Y | N | Tuberculosis |
| Y | N | Eczema (Skin Rash) | Y | N | Sore Throats | Y | N | Menstrual Cramps | Y | N | Neck Injury | Y | N | Fractures | Y | N | Rheumatic Fever |
| Y | N | Epilepsy (Seizures) | Y | N | Anemia | Y | N | Mononucleosis | Y | N | Elbow Injury | Y | N | Hives | Y | N | Asthma |
| Y | N | Chest X-Ray | Y | N | Tetanus Booster | Y | N | Other | | | | | | | | | |

- If YES, give year and details: _____
- Medication (s) now taking: _____ • Medicine(s) student is allergic to: _____
- Does student have to stop while running ½ mile? YES NO
- SPORT: FALL: _____ WINTER: _____ SPRING: _____

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, hospital, paramedic or certified school athletic trainer, my consent and authorization to render such aid, treatment or care to said student as, in judgment of said doctor, hospital, paramedic, or certified school athletic trainer, 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 Arizona Interscholastic Association, Inc. of which the above named high school is a member.

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 Tempe Union High School District may constitute violation of the criminals in laws of the State of Arizona. I/we hereby certify that all the information contained in the Tempe Union High School 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 Tempe Union High School District (TUHSD)."

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 TUHSD.

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.

Student (PRINT)

Student (SIGNATURE)

Date

Parent/Guardian (PRINT)

Parent/Guardian (SIGNATURE)

Date