

**SANGER UNIFIED SCHOOL DISTRICT
7TH & 8TH GRADE ATHLETIC
INJURY, PHYSICAL, INSURANCE &
CONSENT FORM**

OFFICE USE ONLY	
Physical Fee \$15 <input type="checkbox"/> Cash	<input type="checkbox"/> CK# _____
Insurance _____	Ethics Signed _____
Office Signature _____	
Blue Card Issued _____	

Name			
Birth date	Age	Grade	School
Parent/Guardian			Home Phone
Home Address			
Father Daytime Number		Mother Daytime Number	
IN AN EMERGENCY, IF PARENT CANNOT BE CONTACTED, NOTIFY:		Phone	Relationship
Family Doctor		Phone	
Known Medical Condition, Drug or Physical Allergies:			

INSURANCE INFORMATION-Please read enclosed brochure to determine that you have purchased the insurance coverage that you need and can afford.

- School Insurance School-time or full-time coverage (good for all sports except football)
- Football coverage (must be purchased in addition to school/full time plans)

School Insurance Broker: Myers Stevens & Co, 2390 E Orangewood, Suite 480, Anaheim, CA 92806

Many families have private insurance through their places of employment. In most cases, those plans provide the coverage you need. For further clarification, contact your company.

Personal/Family Accident & Medical Insurance

Name of Company	Policy/Group No.
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Consent Statement – Please read carefully and sign below:

I hereby give my consent for the above named student to compete in athletics. I authorize the student to go with and be supervised by school representatives on any school trips.

I hereby give my consent for a physical examination administered by physicians, nurses and other medical personnel, including any applicable tests or treatment deemed necessary.

I hereby give my consent in case this student is injured or becomes ill, for the school and/or its representative to secure medical aid, ambulance transportation, and for the medical agency to render treatment.

I hereby give my consent to the team physician, emergency doctor, nurse, athletic trainer and/or coach may apply first aid treatment until the family doctor can be contacted.

We realize that there is the risk of our son/daughter being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk, of fracture, brain injuries, paralysis or even death.

I hereby acknowledge that we and our son/daughter have read and understand the discipline code, the 2.0 GPA requirement and other applicable rules and policies and also understand that all parts of these codes, rules and policies apply to the above named student.

Parent/Guardian Signature	Date
Athlete's Signature	Date

I hereby certify the above named student is physically fit to engage in sports.

Doctor's Signature _____ Date _____