COACH/SPORT_____ GRADE _____

Spring View Middle School
Sport/Activity Participation Permission Form

Date _____

My son/daughter _____ has my permission to participate in the Spring View Middle Schools Sport/Activity.

My child is covered by:

Insurance Plan: _____ No. _____

Policy Holder's Name: _____

Family Physician: _____

Physician's Phone number: _____

Parent's/Guardians Name: _____ Home phone: _____

Mother's cell: _____

Father's cell: _____

MEDICAL CONCERNS: _____

_____

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured program. Information about these programs which include other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-722-3365 or the Healthy Families and Medical Programs Information Line at 1-800-880-5305.

Medical insurance is necessary for a student-athlete to participate on a school athletic team. If your student is not currently enrolled in a health care plan, you must purchase medical insurance online through Pacific Educators, Inc. (www.peinsurance.com) or from one of the agencies listed above.

In case of an emergency when the parents cannot be reached, contact:

_____ Phone: _____

In case of an accident or other emergency, if a parent/guardian cannot be reached, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care. This includes necessary transportation. I further authorize the physician named above to undertake such care and treatment to be performed by any licensed physician or surgeon.

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

_____ _____
Signature of Parent/Guardian Date