

East Nicolaus High School Athletic Department Health Statement, Insurance Statement, and Parent Consent for Treatment

Student's Name

_____ (Last)

_____ (First)

_____ (MI)

The following is to be complete by the parent: Each student must have health or accident coverage. List the company name, policy number, and local claims address:

_____ (Company Name)

_____ (Policy Number)

_____ (Claims office Address)

_____ (City)

_____ (State)

_____ (Zip)

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, I authorize to have the student treated, and I authorize the medical agency to render treatment.

_____ (Date)

_____ (Signature of Parent or Guardian)