

NEAH-KAH-NIE HIGH SCHOOL ATHLETIC PERMISSION FORM

Participation in athletics has many rewards and can provide tremendous enjoyment. However, it is important for both the participants and parents to realize that an element of physical risk is present when one is involved in athletics. The purpose of this letter is to clarify the school's position in terms of insurance coverage and to obtain your permission in securing the quickest medical assistance possible, if your son or daughter should be injured.

The school's insurance coverage, like that of all schools, does not cover personal injury that is the result of athletic participation. It is important that you check with your own insurance carrier to be certain that athletic injury for your son or daughter is covered by your own policy. The school's insurance policy does cover injury that would result from an accident incurred with schools transportation going to and from practice or game sites. Students who choose to provide their own transportation must carry their own insurance coverage. Likewise, students and/or parents who volunteer to transport others to and from practice and/or games are not covered by school insurance.

PLEASE COMPLETE THIS FORM AND RETURN IT IMMEDIATELY TO THE HIGH SCHOOL OFFICE.

Student Name: _____ E-mail: _____

Home Address: _____

List all sports your student-athlete will be playing this year: _____

PLEASE CIRCLE THE ANSWERS BELOW AND EXPLAIN ANY "YES" IF, IN THE PAST YEAR, STUDENT NAMED ABOVE:

Has had injuries requiring medical attention _____	Yes	No
Has had illness lasting more than a week _____	Yes	No
Is under a physician's care now _____	Yes	No
Takes medication now _____	Yes	No
Wears glasses: Yes No Contact Lenses:	Yes	No
Had a surgical operation _____	Yes	No
Has been in a hospital (except tonsils) _____	Yes	No
Allergies environmental (e.g. hay fever, bee sting, etc.) _____	Yes	No
Do you know any reason why this student should not participate in sports? _____	Yes	No

REQUIRED INSURANCE INFORMATION

1. Parent whose policy covers athlete _____

2. Health insurance carrier **(Required)** _____ **(Required)** Policy Number _____

I hereby give permission to the proper school authorities to seek the appropriate medical assistance for our son or daughter in the event of an injury. I likewise understand that the school is not liable for the payment of the medical costs in the event of injury sustained in athletic participation. I assure the school that I am duly authorized to execute this document.

Parent Signature _____ Date _____

Daytime phone number _____ Evening Phone _____

Emergency contact _____ Phone Number _____

Physician _____ Phone Number _____

The United Healthcare **Student** Resources Health Plan provides benefits for loss due to a covered injury or sickness up to the maximum benefit for each injury or sickness. The coverage is effective the date the application and premium are received in our office or the first day of the school year, whichever is later, and continues until the end of the premium payment period or the end of the policy period, whichever date is sooner. This plan covers sickness & accidents which happen anytime, 24-hours per day, while your student is covered under this plan (**excluding interscholastic sports**).

***Disclaimer:** As a preventative measure to fight MRSA we may use products that are designed to kill MRSA bacteria and other pathogens. Please notify us if your child has any sensitivity to topical skin agents.