

RIM OF THE WORLD UNIFIED SCHOOL DISTRICT
Rim of the World High School – P.O. Box 430 – Lake Arrowhead, CA 92352

Sport: _____

ASB: _____

Health Statement and Parents' Consent

Student-athlete Name (last) _____ (first) _____ (M) _____

PARENT TO COMPLETE:

Your accident insurance. List company name, policy number and local claims address:

(Company name) _____ (Policy number) _____

(Office Address) _____

Expiration date of policy _____

I 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, you are authorized to have the student treated and authorize the medical agency to render treatment.

List allergies: _____

Allergies to medications: _____

Emergency phone number: _____

Alternate person to contact if parent is unavailable:

Name: _____

Relationship: _____

Phone Number: _____

Parents' phone number: Home: _____

Work (father) _____ (mother) _____

Promptly notify the school in the event insurance coverage no longer applies to my son or daughter.

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

TO BE COMPLETED BY PHYSICIAN

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

Physician's Signature

State License #

Date

Student had injury to physical condition that should be watched? ____ Yes ____ No