

El Portal Middle School

Health Statement and Parent/Guardian's Consent

Student's Name: _____
Last First MI

Physician to Complete

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

Signature Date

Title State License Number

Has the student had an injury or physical condition that should be watched? If yes, please list: _____

PARENT TO COMPLETE – INSURANCE

The California Education Code Section 32221 requires public schools to make available for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than a one hundred dollar (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
- c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses. The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him/her in any other way or manner, including, but not limited to, purchase by him/her, or by his/her parent or guardian.

After completion of this form, please return it to El Portal Middle School.

- () I have purchased the insurance offered at school.
() I have health or accident insurance for my son/daughter which meets the requirements of California law.

List the company name, policy and/or group number below:

Company Name: _____ Policy and/or Group Number: _____

PARENT TO COMPLETE – EMERGENCY INFORMATION

Full name of Parent/Guardian student is living with: Ms. / Mrs. _____

Home Phone: _____ Mr. _____

Mother - Name of Employer: _____ Employer's Phone Number: _____

Father - Name of Employer: _____ Employer's Phone Number: _____

List two (2) nearby relatives or neighbors who will assume temporary custody of your child if you cannot be reached:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

PARENT TO COMPLETE – AUTHORIZATION OF TREATMENT

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

Date Signature of Parent or Guardian