

The Medical Eligibility Form and Parent Permission Form are the only forms that should be submitted to the school.

■ **PREPARTICIPATION PHYSICAL EVALUATION**

PARENT PERMISSION AND INSURANCE INFORMATION FORM

Student Name: _____ Date of Birth: _____

Check one of the following:

- My student has health or accident insurance, other than the Athletic Student Accident Insurance. List company name, policy number, and local claims address and phone number:

Company Name

Policy Number

Claims Office Address and Phone Number

- I have purchased the Athletic Student Accident Insurance and have submitted the payment to the insurance company.

I hereby give my consent for the above named student to compete in sports. My student will comply with all District and school laws and rules, including those related to COVID-19. I understand that there are risks associated with athletic activities (including but not limited to risks related to COVID-19) and voluntarily assume such risks on behalf of my student. I authorize my 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, the District is authorized to have the student treated, and I authorize the medical agency to render treatment. I understand my obligation (Education Code sections 32220 and 32221) to provide medical and hospital insurance in the amount of at least \$5,000 and certify that I have done so. In the event the medical and hospital insurance should lapse or change, I agree to notify the school immediately.

Parent/Guardian Name

Parent/Guardian Signature

Date