

KINGMAN UNIFIED SCHOOL DISTRICT EXTRACURRICULAR ACTIVITY CLEARANCE FORM

CONSENT FOR EMERGENCY CARE

Student: _____ Home Phone: _____
Parent/Guardian Cell Phone: _____

GRADE LEVEL: 7TH, 8TH, 9TH, 10TH, 11TH, 12TH (circle one) For the school year: _____

CURRENT SPORTS PARTICIPATION Fall: _____
Winter: _____
Spring: _____



BE IT KNOWN that I, the undersigned parent/guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis in the event said student should be injured or stricken while participating in an interscholastic or school sponsored activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

PARENT PERMISSION

I/WE give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/WE acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/WE acknowledge that I/WE have read and understand the warning.

Parent/Guardian Signature

Please complete this section if you have insurance.

INSURANCE VERIFICATION

Name of Student: _____

My son/daughter has medical, health or accident insurance with the company listed below. I will notify the school if I cancel or change my policy.

Dated the _____ day of _____, 20____ at Kingman, Arizona

Insurance Company Policy Number

Parent/Guardian Signature Date

Please complete this section only if you do not have insurance.

I/WE UNDERSTAND and agree that Kingman Unified School District #20 is not financially responsible for accident or injury resulting from my child's participation in any school related activity. I WILL assume the responsibility for medical, health or accident insurance for the duration of the above student's participation in school activities for the current school year.

Parent/Guardian Signature Date Witness Signature

Phone (home) _____ (work) _____