

HEALTH STATEMENT AND PARENT CONSENT FORM

TO BE COMPLETED BY DOCTOR

Students Name _____ Grade _____

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

Signature

Date

Title

State License Number

Has the student had any injury or physical condition that should be watched? _____

If yes, please list:

TO BE COMPLETED BY PARENT:

List company name, policy number and local claims address for primary health insurance provider.

Company Name

Policy Number

Claims Office Address

NOTE: The student accident insurance provided by Susanville School District is a minimum coverage policy and is not intended to supplant the students private insurance.

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 treatment.

Date

Signature of Parent or Guardian

This form is to be filed in the school office.