

KITTITAS SECONDARY SCHOOL

PARENTAL CONSENT FOR MEDICAL ATTENTION & INSURANCE COVERAGE

Student's Name: _____ Address: _____

Father's Name: _____ Address: _____

Place of Business: _____ Work Phone: _____ Home Phone: _____

Mother's Name: _____ Address: _____

Place of Business: _____ Work Phone: _____ Home Phone: _____

Emergency Contact: _____ Relation: _____

Address: _____ Work Phone: _____ Home Phone: _____

As a parent or legal guardian of the above-named student, I hereby authorize the coach to other responsible school official to obtain emergency medical care for my child should such become necessary and authorized people noted cannot be reached. (A reasonable effort will be made to contact one of the above.)

Name of physician preferred: _____ Office Phone: _____

I hereby give my consent for my son/daughter to participate in interscholastic athletics at Kittitas High School. While I expect school authorities to exert every reasonable precaution to avoid injury, I understand that they assume no obligation for any accident that may occur. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program.

Parent or Guardian Signature: _____ Date: _____

I understand that my son/daughter cannot participate in after-school athletics unless covered by the School Accident Plan or one with the following minimum provisions:

1. A maximum payment for any one injury of at least \$25,000.00
2. Coverage equivalent to the Washington State Industrial Insurance Fee.
3. Schedule for doctor's services or hospitalization with a 30-day minimum for the latter.
4. X-rays to a maximum of at least \$25.00
5. Dental coverage equivalent to the Washington State Industrial Insurance Fee Schedule to at least \$100.00 per tooth.

PLEASE CHECK ONE OF THE FOLLOWING:

____ I will purchase the School Accident Coverage Plan

____ I have insurance coverage equivalent to or better than the above requirements of the Kittitas School District and will continue to keep it in force throughout the sport's season, therefore, I do not wish enroll my son/daughter in the School Accident Coverage Plan.

Name of company providing coverage is: _____

Policy Number is: _____