

Allegan Public Schools Physical Examination Form

Student Information

Name:		Grade level in 2009-10:	
Birth Date:		Age:	Sex:
Address:		Phone #: ()	
City:	State:	Zip:	
Sport(s):			

Emergency Contact Information

Contact #1

Name:
Address:
Home #:
Work #:
Cell #:
E-Mail:
Relation:

Contact #2

Name:
Address:
Home #:
Work #:
Cell #:
E-Mail:
Relation:

1. Insurance Waiver

My son/daughter is covered for athletic participation, sponsored by the Allegan Public Schools, through an outside insurance company, and requires no further coverage. I take full responsibility for his/her accident insurance. (Please fill out attached insurance form.)

Signature of Parent/Guardian: _____

OR (Sign only one)

I do not have insurance for my above mentioned child and will take full responsibility for any injury that my child incurs as a member of an athletic team sponsored by the Allegan Public Schools.

Signature of Parent/Guardian: _____

2. Emergency Form

In all cases of sickness or injury, school officials, coaches, or the athletic trainer will attempt to notify parents immediately. In instance when contact cannot be made with parent, decisions must be made concerning how to deal with emergency situations. You are requested to approve the following statement authorizing the emergency care of your athlete. If you cannot be reached, we will try to contact your family physician. If he/she cannot be reached, or if the team is out of town, the athlete would be taken to the nearest hospital for necessary care by emergency personnel.

I hereby give permission to Allegan Public School officials, coaches, or athletic trainers, to secure emergency medical care for (print child's name) _____ while this minor child is under the direction of the athletic coach and I cannot be contacted to authorize the emergency treatment. I agree to assume responsibility for expenses incurred for this emergency situation.

Signature of Parent/Guardian: _____

OR (Sign only one)

I prefer not to sign the above statement, but offer the following instructions for handling an emergency involving (print child's name) _____

Signature of Parent/Guardian: _____

Instructions: _____

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3. Permission to Participate

Parents and student athletes should fully understand and appreciate the risks of serious personal injury associated with participation in the educational sports programs provided by the Allegan Public Schools. Participation in school activities involves flying objects, swift movement of bodies, which at times are airborne, and unavoidable collisions.

Athletic activities are hazardous and taking part in such activities is calculated risk-taking on the part of the student athlete and parents. It is also understandable, that to many young adults, the potential benefits of participation exceed the potential hazards. It is also the continuing goal of our coaching and administrative staff that injuries are kept to a minimum.

I have read the above warning statement and understand the risks involved in participation in athletic activities and have discussed these with my son/daughter.

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out of town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION FOR USE OF PRIVATE TRANSPORTATION

Due to cuts in the athletic budget, it is necessary to have parents and coaches transport athletes to and from most athletic contests. We understand this is neither the ideal, nor desirable situation, but need to do so under present circumstances. Please complete the following indication your permission for you son/daughter to ride with a qualified driver.

I, _____, give my permission for (athlete's name) _____ to ride to and from contests with a legally licensed, insured adult driver whose name is on file with the athletic department. I understand that student-athletes will not be used to transport other student-athletes.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____

OR (Sign only one)

I, _____, prefer that (child's name) _____
NOT ride with anyone other than his/her parent or coach.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____

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Allegan Public Schools Insurance Information

In order to ensure the immediate and proper professional care necessary for your child in the case of injury or illness while participating in athletics here at Allegan, please complete this form. If at all possible, please include a copy of the insurance card along with this form.

Student Athlete Name: _____

Family Doctor: _____

Insurance Company: _____

Claims Mailing Address: _____
(Street) (City/State) (Zip)

Policy Holder: _____ Social Security Number: _____
(of Policy Holder)

Relationship to Athlete: _____ Place of Employment: _____

Policy Number: _____ Group Number: _____

Is your insurance an: HMO Yes____ No____
PPO Yes____ No____

I verify that the above information is correct to the best of my knowledge.

(Policy Holder Signature)

(Date)