

**MEDICAL, SPORTS, INSURANCE INFORMATION  
EMERGENCY MEDICAL AUTHORIZATION**

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents or Legal Guardian: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Message or Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_  
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**INSURANCE INFORMATION:**

\_\_\_\_\_ I request school insurance coverage for my son/daughter offered by Fossil School District 21J. Completed forms and premiums are on record in the high school office.

\_\_\_\_\_ I do not desire school insurance coverage and accept sole responsibility for all losses and expenses arising out of any injury to my son/daughter by reason of his/her participation in the school athletic program or activities.

\_\_\_\_\_ My son/daughter is covered by insurance carried by me, and I agree that the school district shall not be liable for any injury that occurs to him/her during athletic practices, contests, or travel to and from the athletic contest.

Name of insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Group number or name \_\_\_\_\_  
Doctor or clinic name: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name and Telephone: \_\_\_\_\_  
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**EMERGENCY MEDIAL AUTHORIZATION:**

To Parent/Guardian: \_\_\_\_\_ This permission slip shall accompany the student on all activities in which the student will be attending school functions out of the area of the Fossil School District.

I (we) hereby authorize the clinic doctor, Physician Assistant, Nurse Practioner, or other health care provider to administer medical treatment including surgery, if necessary, either regular or emergency, as may be determined to be in the best interest of my son/daughter, \_\_\_\_\_, who is a minor. This authorization shall continue to be in full force and effect until revoked in writing.

\_\_\_\_\_  
Signature of Parent/Guardian Printed name of Parent/Guardian Date  
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**ALLERGIES OR OTHER EMERGENCY MEDIAL INFORMATION:**

Does your son/daughter have any allergies? Please list: \_\_\_\_\_

Does your son/daughter carry emergency medications for these allergies such as a bee sting kit, Epinephrine, etc? Please list: \_\_\_\_\_  
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**PERMISSION FOR STUDENT TO PARTICIAPTE IN COMPETITIVE SCHOOL ACTIVITIES**

I give my son/daughter permission to participate in competitive school athletics in the Fossil School system, and I hereby grant my permission for him/her to compete in any and all sports approved by the Board of Directors of Fossil School District, 21J, Wheeler County, Oregon and to make regularly scheduled, supervised trips connected therewith.

I understand that Fossil School District 21J, its' officials, agents, employees and representatives assume no financial or moral obligation for any injury to him/her that may occur as a result of his/her participation in the school athletic program. I understand that students are held responsible for all players' equipment owned and issued to them by the school.

My son/daughter may participate in the following sports:  
\_\_\_\_\_ Football \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Baseball \_\_\_\_\_ Basketball  
\_\_\_\_\_ Tennis \_\_\_\_\_ Golf \_\_\_\_\_ Cross-Country \_\_\_\_\_ Cheerleading

\_\_\_\_\_  
Signature of Parent/Guardian Date