

ATASCADERO HIGH SCHOOL
Consent for Emergency Treatment In Advance of Need

****Blue or Black Ink Only Please**

Athlete's full Name _____

IF YOU DID NOT ATTEND AHS FOR THE FULL 2019-2020 SCHOOL YEAR (LAST YEAR) - WHERE DID YOU ATTEND SCHOOL IN 2019-2020? _____

Student cell phone # (required) _____ Current Grade/2020-2021 School Year _____

Age _____ Birthdate _____ Family Physician and Phone # _____

Athlete's Primary home address _____

Mother's Name _____ cell phone _____ home phone _____

Father's Name _____ cell phone _____ home phone _____

Guardian's Name _____ cell phone _____ home phone _____

Parent's e-mail _____

Emergency Contact Name and phone #: _____

Special Medical Problems/Illnesses/Allergies: _____

We, the parents of the above listed athlete, do hereby consent to any and all emergency medical, hospital and surgical care that may be deemed necessary by physician, without obtaining further consent, provided that the hospital is unable to reach either of us as the phone numbers listed above.

NAME (LAST NAME FIRST)

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

The California Education Code requires that a member of an athletic team have at least **\$1,500.00** medical insurance coverage before participating in any interscholastic sport, or while traveling as part of a team (player, manager or statistician) to and from any athletic activity.

The Atascadero Unified School District has a minimal (**\$2,500.00 per occurrence**) medical/dental insurance for students that would cover student athletes except for those in tackle football. Each football player must be covered by their own insurance. Tackle football insurance may be purchased separately. If an athlete is covered by his/her family's private or group insurance, those policies must assume the primary obligation. The District insurance will not become effective until all other insurances have been billed and payment received.

PLEASE INDICATE THE FORM OF INSURANCE COVERAGE YOU WILL USE:

- _____ My own insurance _____ (**Personal Insurance Company**)
- _____ **Supplemental** Student Accident Coverage Program (**\$25,000.00 maximum per incident**) **Parent Purchase**
- _____ **Tackle Football Coverage** - **\$15,000.00** maximum per incident (First Tier Coverage) **Parent Purchase**
- _____ **Supplemental Football Coverage** (Used only after purchase of Tackle Football Coverage) **Parent Purchase**

I give my permission for my son/daughter to participate in C.I.F. Interscholastic Athletes and to travel with the team as a player, manger or statistician.

(Signature of Parent/Guardian)

(Date)