

Bay Area Charter Schools Athletic Conference

HEALTH STATEMENT / INSURANCE VERIFICATION AND PARENT CONSENT TO PARTICIPATE

Student Name _____ Birthdate _____ School _____
(Last) (First) (Name)

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

(Print) (Physician Signature) (Date)

(Title) (State License)

Has the student had any injury or physical condition that should be watched? _____ **SPORT(S)** _____
If yes, please list _____

PHYSICIAN STAMP

PARENT TO COMPLETE If your student has health or accident insurance, other than the Athletic Student Accident Insurance, list company name, policy number, and local claims address and phone number:

(Company Name) (Policy Number)

(Claims Office Address and Phone Number)

OR (check below)
 I have purchased the Athletic Student Accident Insurance and have submitted the payment to the insurance company.

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. I understand my obligation (Education Code Sections 32220 and 32221) to provide medical and hospital insurance in the amount of at least \$5,000 and certify that I have done so. In the event the medical and hospital insurance should lapse or change I agree to notify the school immediately.

(Date) (Signature of Parent or Guardian) (Emergency Phone Number)

(BLUE OR BLACK INK)

A DUPLICATE OF THIS CARD IS ON FILE IN THE ATHLETIC OFFICE