

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT SCHOOL YEAR 2006-07
PARENT'S CONSENT AND MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC PARTICIPATION

The West Contra Costa Unified School District *"does not"* pay for accident injuries to students. Student accident insurance may be purchased from Myers-Stevens Insurance offered through the West Contra Costa Unified School District. Pick up applications at your school.

STUDENT _____ BIRTHDATE _____ GRADE _____
 ADDRESS _____ CITY, ZIP _____ HOME PHONE _____

PARENTS CONSENT – (To be filled in before giving to physician)

I hereby give my consent for my daughter/son or ward to complete in all the sports that are listed below and to travel with a representative of the school on any scheduled athletic trip during the school year _____ while attending _____ school:

BADMINTON, BASEBALL, BASKETBALL, CROSS COUNTRY, FOOTBALL, GOLF, SOCCER, GYMNASTICS, SOFTBALL, SWIMMING, TENNIS,
 VOLLEYBALL, WATER POLO, WRESTLING, OTHER: _____

EXCEPTIONS: _____

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

PHYSICIANS STATEMENT

I hereby certify the above named student was given a physical examination by me on _____ 20____ and found physically fit to engage in the above interscholastic sports.

COMMENTS/RESTRICTIONS/EXCEPTIONS, if any, for athletic participation _____

PHONE _____ SIGNATURE OF PHYSICIAN _____ RELEASE DATE AFTER JUNE 10, 2006
 LICENSE NUMBER _____

(PLEASE KEEP THIS CARD FOR ONE FISCAL YEAR)
(This card is to be filled in and must be on file in the Physical Education Office before student participates in athletics.)

PARENT'S CONSENT FOR MEDICAL TREATMENT

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

DOCTOR _____ PHONE _____ HOSPITAL _____

I have read and understand that the West Contra Costa Unified School District *"does not"* pay for accident injuries to students, however, does offer student accident insurance for voluntary purchase. **Athletes must be covered by an insurance policy for medical and hospital expenses Ed. C 32221. I understand that all emergency and/or medical costs are my responsibility and if insurance coverage changes or is cancelled for my child, I will notify the Athletic Director/Coach at school immediately.**

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____ WORK PHONE _____

MEDICAL – HOSPITAL COVERAGE

NAME OF INSURANCE COMPANY OR PLAN _____ POLICY NUMBER _____ SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

In case the family insurance does not meet the minimum requirements of \$1,500 Medical-Hospital Coverage, Interscholastic Tackle Football Endorsement Insurance is available from Myers-Stevens Insurance Company through the West Contra Costa Unified School District. Three benefit plans are available: (Low Option - \$102.00) (Mid Option - \$136.00) (High Option \$220.00). The parent or guardian must fill out an application form (available from the football coach) and enroll their child in the chosen insurance plan. **For each plan the District will pay the first \$35.00.**

Therefore, the cost to the family for: (Low Option is \$35.00) (Mid Option is \$101.00) (High Option is \$185.00). A check or money order payable to: West Contra Costa Unified School District or WCCUSD must accompany the (RED & WHITE) Tackle Football Student Insurance Application. The **completed application and check** are to be sent to: Marlene Freeman at the Administration Building.

I **will** enroll my child in the program.

I **will not** enroll my child in the program.