

**PEORIA UNIFIED SCHOOL DISTRICT #11
INSURANCE CONFIRMATION**

Athlete's Name _____

Address _____ Date of Birth _____

Phone _____ School _____ Gr. _____ Rm# _____

Peoria Unified District requires the parents of all elementary students participating in an athletic program involving competition to have insurance in the event of accidental injury. Please fill out the appropriate portion of this form indicating the type of coverage that you have for your child.

BOTH PARENTS ARE REQUESTED TO SIGN THIS FORM AND THE SIGNATURE OF ONE PARENT MUST BE NOTORIZED OR SIGNED IN THE PRESENCE OF SCHOOL OFFICE PERSONNEL.

Student Insurance Protection Plan

Student's Name _____ is covered by

K-12 Student Assurance Plans, LLC purchased on _____.

Personal Health and Accident Policy

Student's Name _____ is covered by

my own personal health and accident insurance policy with:

Title of Company Address

Name of Agent Policy Number

THIS FORM IS TO BE FILLED OUT BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE EITHER IN PRACTICE OR COMPETITION.

Notary Public/Maricopa County
My Commission Expires: _____

Signature of Father or Guardian

Signature of Mother or Guardian

Signature of School Office Personnel _____ Date _____

ATHLETES MEDICAL INFORMATION

Mother's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Non-parent to notify in case of emergency:

1. _____ Phone _____

2. _____ Phone _____

Family Physician _____ Phone _____

Student's Physician _____ Phone _____

Medical History

Yes No Allergies (list) _____

Yes No Asthma

Yes No Diabetes

Yes No Epilepsy

Yes No Concussions

Yes No Unconsciousness

Yes No Fractures _____

Yes No Sprains _____

Yes No Neck Injuries _____

Yes No Back Injuries _____

Date of last tetanus _____

Yes No Current Medications _____

Yes No Surgeries (date and procedure) _____

Other health/medical information you would like school personnel to know about this athlete:
