## PEORIA UNIFIED SCHOOL DISTRICT #11 INSURANCE CONFIRMATION

Athlete's Nam	e		
Address	City, St, Zip		
Phone		Date of Birth	
School	Grade	Home Room #	
athletic progr	am involving competition to ha the appropriate portion of this fo	of all elementary students participating in an ave insurance in the event of accidental injury.  Form indicating the type of coverage that you have	
	-	IS FORM AND THE SIGNATURE OF ONE PARENT SENCE OF SCHOOL OFFICE PERSONNEL.	
THIS FORM IS TO BE FILLED OUT BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE EITHER IN PRACTICE OR COMPETITION.			
Student Insurance Protection Plan			
Student's Name		is covered by	
K-12 Student	Assurance Plans, LLC purchased o	on	
	Personal Health a	and Accident Policy	
Student's Nan	ne:		
is covered by	my own personal health and acci	dent insurance policy with:	
Title of Compa	any	Address	
Name of Agen	nt	Policy Number	
NOTARYPUBL	меньменьменьментельного постанального достанального предоставления общений постанального пост		
Signature of F	ather/Guardian	Signature of Mother or Guardian	
Signature of N	lotary Public/Maricopa County	My Commission Expires:	
Signature of S	chool Office Personnel	Date	
	ATHLETES MEDIC	CAL INFORMATION	

Mother's Name:	Home Phone:		
Place of Employment:	Work Phone:		
Father's Name:	Home Phone:		
Place of Employment:	Work Phone:		
Non-parent contact to notify in case of emergency			
Contact Name:	Phone:		
Contact Name:	Phone:		
Family Physician:	Phone:		
Student's Physician:	Phone:		
Medical History			
□Yes □No Allergies			
If yes, please list specific allergies:			
□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 Neck Injuries □Yes □No Back Injuries			
□Yes □No Current Medications			
□Yes □No Surgeries			
If yes to any of the above, please list specifics (i.e. symptom/injury, date, procedure):			
The yes to any of the above, please hat specifies the symptomy many, date, procedure).			
Date of last tetanus:			
Other health/medical information you would like school personnel to know about this athlete:			