

**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.**

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***Student Insurance Protection Plan***

Student's Name \_\_\_\_\_ is covered by

K-12 Student Assurance Plans, LLC purchased on \_\_\_\_\_.

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***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

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**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 \_\_\_\_\_

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### 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:

\_\_\_\_\_