

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

Athlete's Name _____

Address _____

City, St, Zip _____

Phone _____

Date of Birth _____

School _____

Grade _____

Home Room # _____

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.

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 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 _____

NOTARY PUBLIC

Signature of Father/Guardian _____

Signature of Mother or Guardian _____

Signature of Notary Public/Maricopa County _____

My Commission Expires: _____

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 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 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): _____

Date of last tetanus: _____

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