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

June 2013

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:

_____

_____

June 2013