

Name: _____

Grade: _____

Hutchinson U.S.D. #308
Athletic Participation Packet
Grades (7 – 12)



Please use the checklist below to ensure **ALL** documentation and signatures have been completed. You are encouraged to turn packet in to the athletic department when completed. Athletes will not be allowed to practice until packet has been completed and returned. Those involved in non-athletic activities do not need to turn in a physical or concussion head injury form.

KSHSAA/District Training Policies and U.S.D. #308 Code of Conduct

- Page 2 and 3 is to be read
- Page 4 is to be signed by the parent/guardian and student athlete

Pre-Participation Evaluation Form

- First page must be filled out by parent/guardian or student athlete
- First page must be signed by parent/guardian and student athlete
- Second page must be completed, dated and signed by healthcare provider
- Last page must be signed by parent/guardian and student athlete

Concussion & Head Injury Information Release

- First page is to be read
- Second page is to be signed by parent/guardian and student athlete

Permission for Treatment

- Completed by parent/guardian

Emergency Information Questionnaire

- Completed by parent/guardian

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Please Read the Following Carefully

The athletic programs in U.S.D. #308 are a significant part of the total educational experience available to students. These programs enhance and contribute to a positive school climate. Participation in extracurricular activities is strongly encouraged because students learn teamwork, develop physically and emotionally, develop a sense of belonging and enhance their self-image.

Participation in athletics is a privilege and differs from a student's right to a general school education. Rules and regulations governing each of the various athletic programs have been established to ensure fairness to all students who represent their school is a positive one.

The purpose of this packet is not to burden you with excess paperwork. In fact, it consolidates all of the various forms required for participation in our athletic programs into a single packet of information.

Please read each form in this packet very carefully. Be sure to sign each form. Please realize that once you sign the forms in this packet, they will be effective for the entire academic year. They will be kept on file until the conclusion of the spring athletic season.

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KSHSAA/District Training Policies

Eligibility Requirements

Students who compete, perform or otherwise represent the school in extracurricular activities must meet all KSHSAA eligibility rules and be a student in good standing. For the purpose of the rule, grade reporting periods will be given at the 6th week and the end of each trimester. The eligibility requirements apply to all activities except those designated by a classroom teacher as a graded performance.

High School: KSHSAA rules require students to pass at least 4 classes the previous trimester to be eligible during the subsequent trimester and be enrolled in at least 4 classes during the current trimester. Those students who do not pass at least 4 classes will be deemed ineligible during the subsequent trimester. Those students who are failing 3 classes at the mid trimester grade check will be deemed ineligible the next 6 weeks.

Middle School: KSHSAA rules require students to pass at least 5 classes the previous trimester to be eligible during the subsequent trimester. Specific school policy requires students to pass at least 5 classes at the mid trimester grade check. Those students who do not pass at least 5 classes at the mid trimester grade check will be deemed ineligible the next 6 weeks. Those students who do not pass at least 5 classes the end of the trimester will be deemed ineligible during the subsequent trimester.

Status of an Ineligible Player:

1. An ineligible player may continue practicing with Activities Director approval.
2. The ineligible athlete must have the Athletic Participation Packet on file with the athletic office.
3. The athlete cannot participate in any contest at any level.
4. If the principal or coach feels that an individual should not be participating with an activity or team because of citizenship, behavior, or schoolwork, the individual may be denied the privilege.

Outside Competition

An athlete who is a member of an athletic squad cannot participate as a member of an outside team or as an independent competitor in the same sport during the season. Please note that a student becomes a member of an athletic squad when he or she participates in a practice or tryout session. A student ceases to be a member of an athletic squad after his or her final contest or when the membership on the squad is terminated. Violation of the aforementioned rule could make the student ineligible for the remainder of that athletic season.

Attendance

Students must be in regular attendance in order to participate in practice or competitions. Regular attendance is being in school for all periods during the school day. Communication with the school is encouraged when a student needs to miss for a scheduled appointment, funeral, etc.

Travel

Transportation may be provided by the district for all school activities. Students with valid driver's licenses may drive to home games and off campus practices. Students are expected to ride district provided transportation to all away competitions and performances. Students may ride home with their parent or legal guardian with approval from appropriate school personnel.

U.S.D. #308 Code of Conduct – Training Rules

The following rules will apply to the participating student's conduct at all times and places during the school year and not just to conduct while on school property or at a school-sponsored event. If a violation of the following rules occurs on school property or at a school-sponsored activity, enforcement of these rules will be in addition to other disciplinary action that may be imposed under the general student conduct rules.

The purpose of these rules is to assist the student in obtaining the full extent of benefits to be gained from participation in the school's athletic and activity programs, while at the same time establishing conduct that will maintain a positive image for the program and the school in the eyes of the community.

Students participating in school-sponsored athletic and activity programs are representatives of U.S.D. #308 and are expected to conduct themselves at all times in a manner so as to bring credit to themselves, their sport or activity, the school and community. Student conduct meeting these standards is expected and is a requirement for participation by the student.

All students participating or intending to participate in a school sponsored and/or KSHSAA supervised athletic or activities program shall not:

1. Consume or be in possession of any alcoholic beverage or cereal malt beverage.
2. Use, possess, manufacture, distribute or dispense a controlled substance as defined by state or federal law.
3. Use or possess any form of tobacco product.
4. Be involved in any criminal activity that discredits the team, school or community. (The severity of the offense may lead to additional consequences or immediate dismissal from the activities)

All students who intend to participate in an athletic or activities programs will be expected to abide by the above rules throughout the entire school year. If a violation occurs:

1. Before the season (which includes the summer months), but prior to the time a student is participating in a program, disciplinary action will be imposed when the student next participates in any program.
2. During the time a student is actively participating in a program, disciplinary action will be imposed during that program. If the program ends before the disciplinary action is completed, the remainder of the action will carry on to the next program in which the student participates, including those occurring during the next school year.
3. During the time after the program in which the student participates has ended. The disciplinary action will be enforced when the student next participates in an activity program, including those occurring during the next school year.

Consequences:

First Offense:

- Notification of parent/guardian and student of disciplinary action by the Activities Director or Head Coach.
- Loss of participation in at least 10% of the regular season schedule.
- Subject to special conditioning or other similar disciplinary action at the coach's discretion.

Second Offense:

- Notification of parent/guardian and student of disciplinary action by the Activities Director or Head Coach.
- Loss of participation for the remainder of the season.

Third Offense:

- Notification of parent/guardian and student of disciplinary action by the Activities Director or Head Coach.
- Loss of participation in all athletics/activities for the remainder of the school year.

Each coach or sponsor will establish rules of conduct that are specific to the respective program including but are not limited to absences from practice, tardiness, disrespect for coach or teachers, lack of effort or attention, social media conduct and violations of teams training rules. Disciplinary action for such violations may be more severe than the general rules provided.

Any student who is under suspension (in-school or out) shall not participate in any athletic program or activity program during the period of suspension from class. Students who are subject to out-of-school suspension are not permitted on campus or at school activities during their suspension.

When you have read and understood the KSHSAA/District Training Policies and the U.S.D. #308 Code of Conduct, please sign below.

This form must be on file prior to the first practice.

Parent/Guardian Signature

Date

Student Athlete's Signature

Date

Pre-Participation Physical Evaluation

PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

Date of recent immunizations: Td _____ Tdap _____ Hep B _____ Varicella _____ HPV _____ Meningococcal _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?

- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt and use a helmet?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Gross Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic***			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended.

***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

****Chart found in: The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents. Pediatric BP mobile application can also be used.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports _____
- *Reason _____

Recommendations _____

I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider (print/type) _____ Date _____

Address _____ Phone _____

Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

ATTENTION PARENTS AND STUDENTS

KSHSAA ELIGIBILITY CHECK LIST

PPE shall not be taken earlier than May 1 preceding the school year for which it is applicable.

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student to be eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually and is available at your school principal's office.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age** (16, 15 or 14 for junior high or middle school student) on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

Student's Name _____

(PLEASE PRINT CLEARLY)

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (*See KSHSAA Handbook, Rule 7*). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading. **The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable.** The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the **HISTORY** part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

**The above named student and I have read the
KSHSAA Eligibility Check List
and how to retain eligibility information listed in this form.**

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

YES NO

1. Are you a bona fide student in **good standing** in school? (If there is a question, your principal will make that determination.)
2. Did you **pass at least five new subjects (those not previously passed)** last semester? (*The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.*)
3. Are you planning to **enroll in at least five new subjects (those not previously passed)** of unit weight this coming semester? (*The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.*)
4. Did you **attend** this school or a feeder school in your district last semester? (*If the answer is "no" to this question, please answer Sections a and b.*)
 - a. Do you reside with your parents?
 - b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Parent or Guardian's Signature

Date

Student's Signature

Date

Birth Date

Grade

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE
FORM
2017-2018**

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech 	<ul style="list-style-type: none"> • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

[Exhibit A]

**UNIFIED SCHOOL DISTRICT NO. 308
PERMISSION FOR TREATMENT**

I understand that Pinnacle Sports Medicine & Orthopaedics is contracted to provide athletic training services to Hutchinson High School athletes. I give my permission and consent to any athletic trainer provided by Pinnacle Sports Medicine & Orthopaedics, on site at any school sanctioned sports practice or competition to provide evaluation or treatment within the scope of professional practice authorized by the athletic trainer licensure act as deemed necessary for a physical condition arising during or affecting participation.

I, hereby authorize the Athletic Trainer to disclose information about the athlete's injury assessments and post injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, and/or any treating healthcare provider.

I understand that there is no charge to me for the athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice

In the event of serious injury, the child will be transported to the nearest emergency medical facility for treatment.

I do _____ do not _____ give my permission for treatment as provided above.

Student's Name (Please Print): _____

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian _____ Date: _____

[Exhibit B]
UNIFIED SCHOOL DISTRICT NO. 308
STUDENT ATHLETE EMERGENCY INFORMATION QUESTIONNAIRE

Please print or type the information required to complete this questionnaire

Personal Information:

Student's Name: _____ Nickname _____

Address: _____ Telephone () _____

Student's allergies or medical conditions (if any) _____

Emergency Contact Information:

Name: _____ Relationship _____

Address _____ Telephone () _____

Employer _____ Telephone () _____

Name: _____ Relationship _____

Address _____ Telephone () _____

Employer _____ Telephone () _____

Physician and Health Insurance Information:

Personal/Family Physician Name: _____

Address _____

Telephone () _____

Health Insurance Company Name: _____

Policy No. _____ Group No. _____ ID No. _____

Parent/Guardian Signatures:

Print Name

Print Name

Signature

date

Signature

date