

Name: _____ Grade: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Birth date: _____

Parent/Guardian Name: _____

Contact Number (s): _____

INSURANCE WAIVER AND MEDICAL CONSENT

We, the undersigned, feel we have adequate insurance protection and assume full medical responsibility for our son/daughter while practicing or participating in Interscholastic Sports, or other school sponsored activities. We also understand the school does not provide a student health insurance plan for extra curricular activities.

Iowa law requires a parent/legal guardian written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a licensed medical provider, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child's name on the top of this page, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

I (We) understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in the interscholastic program.

Parent/Guardian Signature

Date