

POINT ARENA HIGH SCHOOL

HEALTH STATEMENT AND PARENTS CONSENT

Grade _____	Age _____
Birthdate _____	
Baseball _____	Tennis _____
Bsktball _____	Track _____
VB _____	WR _____
FT. _____	Golf _____
Soccer _____	Cheer- _____

Students Name _____

I hereby certify that the above named student is physically fit to engage in sports.

Physician Signature

Date

State License number

Has student had any injury or physical condition that should be watched? _____

If yes, please list: _____

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I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

We realize that should medical attention be required, the school authorities will try and continue to reach us. However, we wish our child to have medical attention IMMEDIATELY, we do NOT want care to be withheld until we can be reached. If our child needs medical attention locally, we would like him/her to be seen by:

Dr. _____ . If this doctor is not available, contact the _____ Hospital and have him/her see by the doctor on call.

If my child needs medical attention out of town, I give my consent to having him cared for at the discretion of the Point Arena High School authorities and the medical personnel and facilities suggested by the host school.

Parents who feel it necessary for a team member or other student(s) who traveled to the event by school bus, to travel home with them (the parents) from out-of-town events, must complete a form in triplicate and return it to the Principal no later than Wednesday of the week of the event. (Forms available in the high school office).

I HAVE READ the Health and Consent and the CIF Acknowledgement and Assumption of Potential Risk. I understand and consent to it. I am the parent / legal guardian of

Student's Name

Parent Name

Address

Phone

Please indicate Insurance Coverage	
Co. Name _____	
Policy No. _____	
Address _____	