## **Insurance Form**

## THIS FORM MUST BE ON FILE WITH THE SCHOOL OF ATTENDANCE FOR VERIFICATION OF ELIGIBILITY PRIOR TO PARTICIPATION IN ANY ATHLETIC EVENT

Name of Student:					
(Last Name)			(First Name)		
Grade Level: I	Oate of Birth:				
The California Education Code insurance in order to participate	-	•			
If you have your own insurance	coverage pleas	e fill out the s	ection below:		
My medical coverage policy for	r at least \$1,500	is issued by:			
(Name of Insurance Co.		olicy No			
<u>OR</u>					
I have purchased school insurar	nce as described	below (please	e check)		
School-Time Accident Plan:	Low	Mid	High		
24-Hour Plan:	Low	Mid	High		
	named student	performs and	verify will remain current and in functions, within the scope of Ed.		
I agree to indemnify and hold the School District harmless against aforementioned legal sections.			inistration, Huntington Beach City coverage required under		
I declare under penalty of perju	ry the above is t	true and correc	ct.		
Date:					
Signature of Parent/Guardian _					

## SOWERS ATHLETICS EMERGENCY TREATMENT AND PERMISSION SLIP

Student's Last Name	Student's First Name	Grade	Home Phone #	
Parent/Guardian Name  Address		Cell Phone #  Work Phone #		
Parent/Guardian Signature		Date	Date	
	R EMERGENCY TREATMEN ermission for a physician to adm		ncy treatment.	
Parent/Guardian Signature				