



PEORIA UNIFIED SCHOOL DISTRICT
6330 West Thunderbird Road, Glendale, AZ 85306

Grade _____ Room # _____

Peoria Unified School District #11 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.

School Insurance Protection Plan

Name of Student _____

Date of Birth _____ is covered by School Insurance Protection plan

purchased on _____
(date)

Personal Health and Accident Policy

Name of Student _____

Date of Birth _____ is covered by my own personal health and accident

insurance policy carried with:

Address

Policy Number

Covered by Other Means

Name of Student _____

Date of Birth _____ is covered by other means.

Please explain

I hereby absolve the Peoria Unified School District #11 and the school board of all financial responsibility incurred as a result of accidental injury during practices or competition in athletic events. THIS FORM IS TO BE FILLED OUT BEFORE THE STUDENT IS ALLOWED TO PARTICIPATE EITHER IN PRACTICE OR COMPETITION.

Notary Public/Maricopa County

Signature of Father/Guardian

My Commission expires

Signature of Mother/Guardian

Signature of Office Personnel

Date

(Both parents are requested to sign this form and the signature of one parent must be notarized OR signed in the presence of school office personnel.)

ATHLETE'S MEDICAL INFORMATION

Mother's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Home Phone _____

Place of Employment _____ Work Phone _____

Non-Parent to notify in case of emergency:

1. _____ Phone _____

2. _____ Phone _____

Family Physician _____ Phone _____

Student's Physician _____ Phone _____

Hospital Preference _____

Medical History

<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy
<input type="checkbox"/> Yes <input type="checkbox"/> No	Concussions
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unconsciousness

Yes No Fractures _____

Yes No Sprains _____

Yes No Neck Injuries _____

Yes No Back Injuries _____

Yes No Surgeries _____

Yes No Current Medications _____

_____ Date of last tetanus

Other health/medical information you would like school personnel to know about this athlete:
