

Vistancia Insurance Form

Fall _____
Winter _____
Spring _____
Office use only



Coaches Signatures
Fall: _____
Winter: _____
Spring: _____
Office Use Only

Student's Name: _____ DOB: _____ Age: _____

Home address: _____ City: _____ Zip: _____

Parent(s) / Guardian(s) Name: _____

Phone Numbers – (Home) : _____ (Mom's-Work): _____

(Additional Home) : _____ (Dad's-Work): _____

IF PARENT/GUARDIAN CANNOT BE CONTACTED IN AN EMERGENCY, PLEASE CONTACT:

Name: _____ Phone – (Home) _____ (work) _____

Physician: _____ Physician Phone: _____

Preferred Hospital: _____

INSURANCE

I clearly understand that it is the school district's policy that all students participating in athletic activities must have insurance and that the school cannot pay any medical costs from injury to a student.

I have purchased school insurance () Yes () No I have my own insurance () Yes () No

Insurance Company: _____ Policy # _____

I, the undersigned parent/guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, or any emergency basis, in the event said student be injured or stricken ill while involved in an athletic activity.

It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

I hereby absolve the Peoria Unified School District and the School Board of all financial responsibility incurred as a result of accidental injury during practice or competition in the athletic events.

BOTH PARENTS ARE REQUESTED TO SIGN THIS FORM AND THE SIGNATURE OF THE ONE PARENT MUST BE NOTARIZED OR SIGNED IN THE PRESENCE OF SCHOOL PERSONEL

Signature of Notary Public/ Maricopa Co., AZ

Date _____

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Signature of Mother or Guardian _____ Date _____

Signature of Father or Guardian _____ Date _____

Principal: Jennifer Kazmar Assistant Principal: Mr. Dustin Hamman
30009 N Sunrise Point Peoria, AZ 85383 623-773-6500 FAX: 623-773-6507
<http://vistancia.peoriaud.k12.az.us>

ATHLETE'S MEDICAL INFORMATION

Please put Dates and Descriptions of the "YES"

Medical History
YES__ NO__ Allergies
LIST _____ _____
YES__ NO__ ASTHMA
YES__ NO__ DIABETES
YES__ NO__ EPILEPSY
DATE OF LAST TETANUS _____
YES__ NO__ SURGERIES
(Date and Procedures) _____ _____ _____

Previous Injuries
YES__ NO__ CONCUSSIONS
DATES _____
YES__ NO__ UNCONSCIOUSNESS
DATES _____
YES__ NO__ FRACTURES
DATES _____
YES__ NO__ SPRAINS
DATES _____
YES__ NO__ NECK INJURIES
DATES _____
YES__ NO__ BACK INJURIES
DATES _____

Other Health/Medical information you would like school personnel to know about your athlete:
