

OUT OF SEASON LIABILITY RELEASE FORM AND CONSENT FOR EMERGENCY CARE

School _____

Student Name _____

Parent(s)/Guardian(s) Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ Zip _____ Email _____

Emergency Contact - Person who can answer in your behalf for your son/daughter in case of an emergency
 Home _____ Cell _____ Work _____

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician _____ Phone Number _____ Date of current physical _____

STATEMENT OF INSURANCE COVERAGE

I affirm that I am the Parent or Legal Guardian of the student signing this form. I request that this student be exempt from the school accident insurance requirements for students participating in athletics and certain other school activities. I represent that this student is currently covered and will be covered during the present school year by an accident insurance policy which provides at least in the equivalent sums and coverage as the policy offered by the school. This includes coverage in the event of injury in a school supervised game or activity.

Company Name: _____ Phone #: _____ Policy # _____

As the parent/guardian I realize that even though safety precautions are taken and guidelines followed, there is an inherent risk of injury and/or accidents while participating in athletic activities. I voluntarily assume and accept the risks associated with athletic activities and hold harmless the Glendale Union High School District. I acknowledge that participation in this activity is voluntary and may be terminated by Glendale Union High School District at any time.

HEALTH HISTORY (To be filled out by parent)

Has your child ever had or now have: (Please check Yes or No)

Y	N		Y	N		Y	N		Y	N		Y	N				
<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Hives	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Ankle Injury	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Injury	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis
<input type="checkbox"/>	<input type="checkbox"/>	Loss Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	Knocked Out	<input type="checkbox"/>	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Valley Fever	<input type="checkbox"/>	<input type="checkbox"/>	Wrist Injury	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Trouble
<input type="checkbox"/>	<input type="checkbox"/>	Eczema (Skin Rash)	<input type="checkbox"/>	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Joint Pain	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy (Seizures)	<input type="checkbox"/>	<input type="checkbox"/>	Sore Throats	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Spine Injury	<input type="checkbox"/>	<input type="checkbox"/>	Knee Injury	<input type="checkbox"/>	<input type="checkbox"/>	

If YES, give year and details: _____

THIS FORM MUST BE SIGNED BY STUDENT AND PARENT OR LEGAL GUARDIAN

BE IT KNOWN, that, I, the undersigned parent/guardian of the above named student, 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 judgement of said doctor or hospital, may be required, on an emergency basis, in the event the above-named student should be injured or stricken ill while participating in an out of season athletic activity sponsored or sanctioned by the Glendale Union High School District of which the above named high school is a member or any other school sponsored activity.

IT IS HEREBY understood the consent and authorization given are continuing and are intended throughout the current year.

IT IS FURTHER understood that insurance or parent of student will pay any expenses incurred. Payment of expense is not a school responsibility.

"I/We recognize that the foregoing is a public document and falsification of information on the document to obtain admission to the Glendale Union High School District may constitute violation of the laws of the State of Arizona. I/We hereby certify that all the information contained in the Glendale Union High School District Athletic Participation Form is true and correct."

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implication of signing this document and that I agree to be bound by this document.

Parent/Guardian (PRINT) _____ Parent/Guardian (SIGNATURE) _____ Date: _____

Student Name (PRINT) _____ Student Name (SIGNATURE) _____ Date: _____

Student ID: _____