

**SILVER FALLS SCHOOL DISTRICT
INSURANCE AND MEDICAL RELEASE DOCUMENTATION**

Student Name _____ ID # _____ Grade _____ Birth date _____
 Address _____ Phone _____
 Sport(s) _____ School last attended _____

EMERGENCY INFORMATION

Name of Parent or Guardian _____ Emergency Phone Numbers
 Father _____ Mother _____
 Name of Physician _____ Phone _____
 Person to contact if parent/guardian cannot be reached:
 Name _____ Relationship _____ Phone _____

INSURANCE INFORMATION

Students participating in athletics are required to be covered by insurance, whether by a family plan or one that is available for purchase through the school district. **It is your responsibility to notify the athletic department of any changes to your insurance coverage.** Please place a check in the appropriate box below and fill out the group and policy numbers as needed.

	This is to certify that my child is insured sufficiently with family insurance to cover all injuries for inter-school athletic competition.	_____ Policy Number
	Name of Insurance Company _____	_____ Group Number
	We have purchased insurance coverage through the school.	_____ Policy Number
	We want to purchase insurance coverage through the school.	

MEDICAL RELEASE

In the event of an emergency, I, the undersigned parent/guardian do hereby authorize the district to obtain any medical care or hospitalization of my child, as they believe necessary for the welfare of my child. I do further authorize any medical doctor or hospital to provide any treatment believed necessary for immediate care of my child. I, the undersigned agree to pay for such medical treatment and shall hold the district harmless from any liability, claims, judgments, and costs incurred as a result of any such medical treatment or hospitalization.

In addition, I, the undersigned parent/guardian, do hereby authorize the Silverton High School Certified Athletic Trainer to communicate and act on the school's behalf as a liaison with physicians or medical care providers regarding the specific management of athletic injuries including the evaluation, prevention, and treatment care of such injuries. This will occur while working under the direction of Silverton High School's team physician.

List medical conditions (allergies, bee stings, etc.): _____

 Signature of Parent/Guardian

 Date