

STUDENT INFORMATION

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME BIRTHDATE SEX F M

MAILING ADDRESS

CITY ZIP PHONE

MEDICATIONS ALLERGIC TO:

MEDICATIONS CURRENTLY TAKING:

FATHER/MALE GUARDIAN INFORMATION

MALE/FATHER NAME

MAILING ADDRESS

CITY STATE ZIP HOME PHONE

SOCIAL SECURITY NO. CELL PHONE

EMPLOYER EMPLOYER PHONE

EMPLOYER MAILING ADDRESS

CITY STATE ZIP

DOES FATHER/MALE GUARDIAN HAVE INSURANCE ON THIS STUDENT? YES NO

INSURANCE COMPANY

COMPLETE ADDRESS

POLICY NO. IDENTIFICATION NO.

MOTHER/FEMALE GUARDIAN INFORMATION

FEMALE/MOTHER NAME

MAILING ADDRESS

CITY STATE ZIP HOME PHONE

SOCIAL SECURITY NO. CELL PHONE

EMPLOYER EMPLOYER PHONE

EMPLOYER MAILING ADDRESS

CITY STATE ZIP

DOES MOTHER/FEMALE GUARDIAN HAVE INSURANCE ON THIS STUDENT? YES NO

INSURANCE COMPANY

COMPLETE ADDRESS

POLICY NO. IDENTIFICATION NO.

PARENTAL CONSENT

I hereby certify that the student identified on this form has my approval to participate, practice, play in competition, or travel to and from UIL activities and any other school sponsored activities offered by Monahans-Wickett-Pyote Independent School District from this date until this permission is revoked in writing by me.

I understand and realize that in case of any injury or illness to a student participating in school activities, that the Monahans-Wickett-Pyote Independent School District is NOT legally liable for such injury or illness and will not be in any way responsible for any expense incident thereto. It is further understood that even though protective equipment is worn by the student, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Monahans-Wickett-Pyote Independent School District can assume any responsibility in case an accident occurs.

I further understand that the Monahans-Wickett-Pyote ISD has adopted the following policy(s) in regards to athletic injuries:

1. Every student is required to have a complete annual physical exam, by the physician of their choice to be paid for by the student or the parent/guardian.
2. There will be a team physician to handle all athletic injuries. This physician will be designated by the athletic trainer and athletic director.
3. The athletic trainer or coach of the injured athlete shall refer the player to the designated team physician, if necessary.

I understand that the Monahans-Wickett-Pyote Independent School District does carry an accidental policy on students that participate in UIL activities, athletics, other school-sponsored activities in grades 7-12. Said policy will pay allowable benefits to a predetermined amount by the terms of the policy. If the total amount of the bills are less than the terms set forth in the policy, said policy will pay allowable charges. Should the total be above the set amount in the policy, the insurance provided by the parent/guardian will be considered primary and the school insurance will be secondary. At this point the parent will have to provide proof of the primary insurance company action on the bills to the school insurance administrator or the insurance company to claim any benefits. If the parent/guardian has no insurance on the student, then the school's accident insurance will be considered primary and make payment according to the terms of the policy. The parent/guardian understands that he/she will have to file to their personal insurance to receive any benefits, as the school does not provide this service. The parent/guardian agrees to provide the necessary forms for any healthcare provider to claim benefits of any personal insurance.

I hereby authorize any insurance company, hospital, physician, or other person who has attended or examined my child to disclose upon request all information with respect to any injury, illness, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

If in judgement of any representative of the school, the prior mentioned student should need immediate care and treatment as a result of injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative, and do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I agree that any bills as a result of this treatment are my responsibility to pay. My signature below is authorization for any agent of the school to sign for me on the school's accidental policy claim form.

Witness Required (18 years or older)

Parent or Guardian Signature

Date

Student Signature