

## Scottsdale Unified School District - Parental Consent In the Event of Injury

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

The following information is furnished so that my son or daughter may receive proper care:

Guardian/Parent Name: \_\_\_\_\_

Home address/phone#: \_\_\_\_\_

Family Doctor : \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any allergies to medication/food \_\_\_\_\_

Name and phone # of responsible party if parents can not be reached: \_\_\_\_\_

### **Heath insurance policy information for students participating in Interscholastic Athletics**

Scottsdale School District requires a student participating in interscholastic athletics be covered by an accident insurance plan. It is understood that the information, consent and authorization hereby given and granted are continuing and intended by me to extend through the current school year. **See the SUSD Risk Management web page at [www.susd.schoolfusion.us](http://www.susd.schoolfusion.us) for current information on Student Accident Insurance Coverage for sports activities.** In accordance with this policy, the above named student is covered by the following accident insurance plan:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured/Policy holder name: \_\_\_\_\_ Group#: \_\_\_\_\_

Students will not be allowed to practice or receive equipment until proof of the above insurance is provided. I/We give our permission for the above named student to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or death. I/We acknowledge that I/we have read and understand this warning. Permission is granted, in the event of an injury, to transport to render aid, treatment or care to said student as outlined on the reverse side of this form under "Accident Procedure". The Athletic Code of Conduct and AIA Position Statement have been received and reviewed.

### **Parent Responsibility for Transportation**

The parent is responsible for transportation to the place where an athletic trip begins and home from the place the athletic trip ends. I have read and understand the athletic rules.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete signature: \_\_\_\_\_ Date: \_\_\_\_\_

HMES 505 rev 03/10

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## **INJURY PROCEDURES**

1. Immediate first aid treatment for the injured
2. Evaluation as to whether emergency aid (Doctor, ambulance or hospital) is needed  
In case of emergency:
  - a. Call Ambulance / Police if needed
  - b. Call Parents
  - c. Call Doctor
3. Notification of parents - if parents cannot be reached, contact responsible party on the reverse of this card
4. Call Family Physician
5. Removal to hospital (by ambulance if necessary)
6. Follow up – call parents