

**Madera Unified School District MULES Athletics
Injury, Insurance, & Parent Consent Form**



Student Name _____ Gender M or F
School _____ Grade _____
Parent/Guardian Name _____ Phone # _____
Home Address _____

IN AN EMERGENCY, IF PARENT CAN NOT BE CONTACTED:

Notify _____ Relationship _____ Phone _____
Family Doctor _____ Phone _____
Known medical, drug or physical allergies _____

INSURANCE INFORMATION: Many families have medical insurance through their place of employment. In most cases, those plans provide the coverage you need. For further clarification, contact your insurance provider.

- The school offered accidental insurance Information is available through the school office.
- School-time or full-time accidental coverage (suitable for all sports except football).

*School insurance Broker: Myers, Stevens, and Co. 2390 E. Orangewood, Suite 480 – Anaheim, CA 92806

Consent Statement - Please read carefully and sign below

- I hereby consent for the above--named student to compete in athletics.
- I hereby consent for a physical examination administered by physicians, nurses, and other medical personnel, including any applicable test or treatments if necessary.
- I hereby give my consent, in case this student is injured or becomes ill, for the school and/or its - representative to secure medical aid, ambulance transportation, and for the medical agency to render treatment.
- I realize that the risk of my son/daughter being injured is inherent in all sports. We recognize that the risk of injury may be severe, including fracture, brain injuries, paralysis, or even death.
- I hereby acknowledge that I, and my son/daughter, have read all the discipline code eligibility policies and other applicable rules and policies and understand that all parts of these codes, rules, and procedures apply to the above--named student.

Parent/Guardian Signature _____ Date _____