PARENTAL ATHLETIC CONSENT-INSURANCE VERIFICATION

_____ _____
Last Name First Name Middle Initial Grade

All athletes must have either family insurance or school insurance. School insurance covers all accidental injuries in school, including sports, **except football**. There is a special football policy.

Family insurance coverage? Yes_____ No_____ Name of company:_____

Please list medications your child is allergic to: _____

_____

If none, please check here_____

List all medications your child is on: _____

_____

I hereby give my consent for my child_____ to participate in athletics. I acknowledge that Winslow High School is **NOT** responsible for injuries sustained in athletics.

Please circle all events students may be interested in playing:

Football	Baseball	Cross Country	Track	Speech and Debate	Basketball
Wrestling	Softball	Volleyball	Soccer	Support Forces	Other

Does parent or guardian live in Winslow? Yes_____ No _____ Dorm student? Yes _____ No _____

_____
Signature of parent or guardian Emergency phone number (s)

PARENTAL CONSENT FOR ACTIVITY TRIPS AND EMERGENCY CARE

School: Winslow High School Student's Name: _____

Be it known that I, the undersigned parent or guardian of the student named above, do hereby authorize him/her to participate in field trips, student activity and athletic trips. I also 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 the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while at school or school related activities, sponsored or sanctioned by the above name school or sponsored or sanctioned by the Arizona Interscholastic Association (AIA) of which Winslow High School is a member of.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

_____ _____
Signature of parent or guardian Date

- ***This form is good for the duration of participation at Winslow High School. If any information needs to be changed and/or updated it is the parent's responsibility to do so.***