

Blue Valley Unified School District #229
Emergency Medical and Insurance Information for Extracurricular Activities
2020-21

_____	_____	_____	Male _____ Female _____ Circle One	_____	_____
Last Name of Student	First	Initial		Grade	Date of Birth
Home Address _____				Home Phone _____	
Parent/Guardian Contact Information					
Parent/Guardian _____		Cell _____	Work _____	Home _____	
Parent/Guardian _____		Cell _____	Work _____	Home _____	
Family Doctor _____			Phone _____		
Dentist _____			Phone _____		
Hospital Preference _____					

To ensure your student receives the best medical care, please answer the following questions:

Allergies: Food _____ Medicine _____ Other _____

Reaction: Food _____ Medicine _____ Other _____

List Medications (Student) _____

Select Medical Conditions Student Has Been Diagnosed:

Asthma	ADD/ADHD	Seizure Disorder	High Blood Pressure	Depression	Anxiety
Concussion (year of last) _____		Diabetes	Sickle Cell Trait	Severe Acne	
Heart Condition (please describe) _____			Other _____		

INSURANCE

Name of the Insurance Company _____ **Policy Number** _____

We/I, the undersigned, verify that the above-indicated insurance policy is currently in effect, provides medical and health insurance coverage for the above-named student, and will remain in full force and effect at all times the above-named student participates in any extracurricular activity offered by Blue Valley Schools during the current school year. By signing this document, I agree to accept full responsibility for all medical care and treatment, including all expenses incurred for such medical care and treatment, provided to the above-named student as a result of participating in school extracurricular activities. **YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE CERTAIN ACTIVITIES SUCH AS TACKLE FOOTBALL AND GYMNASTICS. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.**

AGREEMENT TO OBEY INSTRUCTIONS AND ACKNOWLEDGEMENT OF RISK

We/I recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other rules while participating in extracurricular activities. We/I also understand that participation in extracurricular activities may involve risk of injury and that some contact sports involve greater risk of injury than other sports. Transportation of students shall be in compliance with board policy and administrative guidelines.

MEDICAL AUTHORIZATION

We, I the undersigned parent or legal guardian of the above-named student, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authority to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary, I do hereby grant permission to administer necessary lifesaving surgery or other life-saving procedures.

I have read and fully understand the information on this form. My signature indicated agreement with the above information.

Dated and signed at _____ Kansas, this _____ day of _____ 20 _____

Signature of Student

Signature of Parent/Guardian

If completing this form by hand, please print clearly. **THIS FORM DOES NOT NEED TO BE NOTARIZED.**