

# HEALTH STATEMENT AND PARENT CONSENT FORM

## TO BE COMPLETED BY DOCTOR

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I hereby certify that the above and named student is physically fit to engage in sports:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title State License Number

Has the student had any injury or physical condition that should be watched? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

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## TO BE COMPLETED BY PARENT:

List company name, policy number and local claims address for primary health insurance provider.

\_\_\_\_\_  
Company Name Policy Number

\_\_\_\_\_  
Claims Office Address

**NOTE: The student accident insurance provided by Susanville School District is a minimum coverage policy and is not intended to supplant the students private insurance.**

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**This form is to be filed in the school office.**