

RICHMOND SCHOOL
HEALTH STATEMENT AND PARENT CONSENT FORM

*** This form must be completed in the current school year (July 1 thru June 30) to be eligible to play School Sports

TO BE COMPLETED BY DOCTOR:

Students Name _____ GRADE _____

I hereby certify that the above 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? _____

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 Richmond 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)