

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

Grade \_\_\_\_\_

**Fife School District**

**PARENT/STUDENT**

**ACTIVITY PARTICIPATION STATEMENT**

**& MEDICAL EMERGENCY AUTHORIZATION FORM**

This form is required for each sport season your student participates in.

As parent or legal guardian, I authorize the team physician or in his absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

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

**Parent/Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Physician's Phone** \_\_\_\_\_

**Medical Insurance Coverage** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

I have read the statements concerning the **Notification of the Potential for Injury**, the **Request for Waiver of School's Athletic Insurance Coverage**, and the **Activity Code of Conduct** and agree to abide by the stated guidelines.

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_