

HEALTH STATEMENT AND PARENT'S CONSENT

Student's Name _____
LAST FIRST INITIAL

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

SIGNATURE

DATE

TITLE

STATE LICENSE

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

If yes, please list: _____

PARENT TO COMPLETE

Valley Christian Academy does not provide health or accident insurance coverage for students engaged in inter-scholastic sports. Therefore, proof of coverage must be provided by parents for students to be eligible to participate. Please check the appropriate box and fill out the requested information.

We have health or accident insurance which covers _____
(Student's Name)

in case of injury occurring during practice for, or competition in, inter-scholastic athletics.

(Company Name)

(Policy Number)

(Claims Office Address)

We are purchasing a Voluntary Student Accident Benefit Plan from the Commercial Travelers Mutual Insurance Company (insurance information is in the School Office), which will cover _____
(Student's Name)

in case of injury occurring during practice for, or competition in, inter-scholastic athletics.

(Specify which plan)

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.

(Date)

(Signature of Parent or Guardian)

*Suggestions for locations for sports physicals:

Walk-ins: Industrial Medical Center, 922-8282, \$25.

By appointment: Dr. Kevin C. Elling, Chiropractor, 925-8853, \$15