

**COLVILLE SCHOOL DISTRICT  
EXTRA CURRICULAR ACTIVITIES  
STUDENT MEDICAL INFORMATION/WAIVER**

**(PLEASE PRINT)**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address of Student's Residence \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Emergency) \_\_\_\_\_

What serious illness, injuries, or operations student has had? \_\_\_\_\_

Does the student have any allergies, physical limitations of problems that the supervisor should know about?  
\_\_\_\_\_

Regular medication: \_\_\_\_\_ Last tetanus immunization: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone No. \_\_\_\_\_

**INSURANCE PLAN**

I understand that my son/daughter cannot participate in after-school athletics unless he/she is covered by the school accident coverage plan **OR** another accident coverage plan. **Please list below which coverage plan you have for your son/daughter.**

**School accidental coverage plan:** \_\_\_\_\_

**OR**

**Other accidental medical coverage plan company:** \_\_\_\_\_ **Policy No(optional):** \_\_\_\_\_

**CONSENT FOR MEDICAL CARE AND TREATMENT**

I hereby grant Colville School District # 115 permission to take the student listed above on extra-curricular activities for the remainder of the school year. I accept full responsibility for the cost of treatment for any injury, which he/she may suffer while taking part in the program. In the event of illness or accident, I authorize school-designated personnel responsible for this activity to approve medical emergency care for the student listed above. Further, I agree to indemnify and hold harmless, Colville School District #115.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(1 copy with Activity Advisor, 1 copy on file with Athletic Director)