



CHANDLER UNIFIED SCHOOL DISTRICT

INSURANCE INFORMATION

Student Name _____

Student ID _____ Grade _____

Accident insurance is required for a student to participate in an athletic or vocational work/study program.

Please complete the following:

NAME OF INSURANCE COMPANY COVERING STUDENT: _____

Policy No: _____ Group No: _____

Effective Date: _____

Student is covered by School Insurance: ☐ Yes ☐ No.

At-School Protection? _____ 24-Hour Protection? _____

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____



CHANDLER UNIFIED SCHOOL DISTRICT

EMERGENCY INFORMATION

Student Name _____

Grade _____ Sport _____

I, _____
(Print Parent/Guardian Name)

authorize the school administration and/or athletic coach to seek medical aid, as deemed necessary, for my son/daughter in the event I cannot be contacted.

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Telephone: _____

Name of Doctor _____

Telephone _____

Insurance Company _____

67-75-0150 Revised 6/06

LEGAL GUARDIAN CONSENT

I/we give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/we acknowledge that I/we have read and understand this warning.

My signature verifies also that I am the legal guardian of the above named student.

Parent / Guardian _____

Player _____

67-75-1210