

# CAMAS HIGH SCHOOL

## ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM

Circle the sport you are playing each season and the school you are attending. Please put an "M" after the sport if you are going to be a manager. Return this form to the Athletic Office at Camas High School.

### FALL

Boys Golf  
Boys Tennis  
Cross Country  
Dance  
Football  
Football Cheer  
Girls Soccer  
Girls Swim  
Volleyball  
Girls Slow Pitch Softball

### WINTER

Boys Basketball  
Boys' Swim  
Basketball Cheer  
Competitive Dance  
Girls Basketball  
Gymnastics  
Wrestling  
Girls Bowling  
Equestrian  
Unified Basketball

### SPRING

Baseball  
Boys Soccer  
Girls Golf  
Girls Tennis  
Softball  
Track  
Unified Soccer

Name of Student \_\_\_\_\_ Sex: **M** **F**  
First Last Grade

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency phone other than parent: (Neighbor, Relative, Friend, etc)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Health and Dental Insurance is Required by the WIAA for participation in athletics**

Health Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Does your health provider cover dental accidents? \_\_\_\_\_yes \_\_\_\_\_no

Emergency Dental Provider (If not covered by medical) \_\_\_\_\_ Policy No \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

As parent or legal guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon if deemed necessary, to insure proper care of any injury. **The Camas School District is not financial liable for any medical expenses that are incurred by the student athlete that is injured.** Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Athletic Code of Conduct and agree my son/daughter must follow the guidelines set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

I have read the Athletic Code of Conduct and agree to follow the guidelines set forth.