INSURANCE CERTIFICATE

Pupil's Last Name First Name Initial Grade

THIS FORM MUST BE ON FILE WITH THE SCHOOL OF ATTEDANCE FOR VERIFICATION OF ELIGIBILITY PRIOR TO PARTICIPATION IN ANY ATHLETIC EVENT

Section I (If you have your own insurance coverage please complete this section.)

_____ _____

Name of Insurance Company Policy Number

I assure that the insurance policy or policies I hereby verify will remain current and in force during the time the above named student performs any function within the activities program of Mission Valley High School during the current school year.

Section II IDEMNIFICATION

I agree to indemnify and hold the Mission Valley School District harmless against responsibility for insurance coverage required under the aforementioned Education Code Section. By signing this statement, I agree to accept responsibility for all medical costs incurred by the above named pupil while participating in the school athletic program.

YOUR ATTENTION IS DIRECTED TO THE FACT THAT MANY INSURANCE POLICIES EXCLUDE TACKLE FOOTBALL. PLEASE CHECK YOUR POLICY CAREFULLY OR CONSULT YOUR INSURANCE CARRIER.

Section III MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN

I, the undersigned being the parent or legal guardian of _____, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide or principal.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary; permission is hereby extended to the above parties to grant same._____.

Additionally, I agree to hold harmless such personnel and the USD 330 Board of Education by my action of granting said permission. I understand that my son/daughter is not covered by any primary medical insurance policies through USD 330 Mission Valley.

I declare under penalty of perjury that the above is true and correct.

_____ _____

Date Signature of Parent or Guardian

_____

Printed Name

_____ _____

Home Phone Cell Phone

_____

_____

Address