

**KONOCTI UNIFIED SCHOOL DISTRICT
ACTIVITIES CERTIFICATE**

STUDENT'S NAME _____ HOME PHONE _____
ADDRESS _____ EMER. PHONE _____
CITY _____ DATE OF BIRTH ____ / ____ / ____ CELL PHONE _____

1. PARENT'S/GUARDIAN'S PERMIT

I hereby give my consent for the above named student to compete in the Konocti Unified School District's approved activity program such as sports, marching band, drill team, or spirit squad and travel with the school representative on necessary school trips.

It is understood that the school district, the student body, and/or any of the employees are not financially responsible in case of accident or injury. Each parent may be assured, however, that prudent precaution will be taken to protect the student.

The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the above named student.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

2. CONSENT FOR EMERGENCY TREATMENT

I hereby give my permission to a physician to administer emergency treatment.

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

3. INSURANCE CERTIFICATION

I hereby certify that the above named student is covered by accident insurance which provides protection for accident bodily injury and for accident death as required by Education Code Section 31751-31752 for participation in approved school activities during the 20____ to 20____ school year.

A or B must be completed for certificate:

If you do not have insurance or Medi-cal, you must purchase school insurance by filling in Section A, numbers 1 or 2. You may pick up insurance forms from the LLHS front office. Section A, numbers 1 or 2 must be verified with an official school signature. **If you have medical insurance or Medi-cal, skip to Section B.**

A. District-offered insurance plan:

- 1. Plan purchased by parent and processed by school office. (TO BE VERIFIED BY SCHOOL).

DATE _____ SIGNATURE OF SCHOOL OFFICIAL _____

- 2. Plan purchased by parents and processed by school office. (TO BE VERIFIED BY SCHOOL).

- ____ All activities, including football
- ____ Football only
- ____ All activities except football

DATE _____ SIGNATURE OF SCHOOL OFFICIAL _____

B. Home Carrier Insurance Plan

Name & Address of Insurance Company _____ Policy # _____

DATE _____ SIGNATURE OF PARENT/GUARDIAN _____

STUDENT CERTIFICATION

I agree to abide by the California Interscholastic Federation, Coastal Mountain Conference, and school rules of eligibility. I am not a member of any fraternity, unsponsored club, or unauthorized secret society as described in the Education Code and CIF handbook, nor will I join one.

DATE _____ SIGNATURE OF STUDENT _____

Athletic Competition Health Screening Form

NAME: _____			Family Physician _____			
SCHOOL: _____			Physician Phone # _____			
AGE: _____ GRADE: _____			Physician Address _____			
DATE OF BIRTH: ____ / ____ / ____ SEX: ____			City _____	State _____	Zip Code _____	
HEALTH HISTORY Parent or Guardian Answer "yes" or "no" only			VITALS		PHYSICAL EVALUATION COMMENTS	Recommend Follow-up
			Satisfactory			
		YES	NO			
Chronic/Recurrent Illness?						
Surgery other than tonsils?						
Injuries treated by physician?						
Current medications?						
Organs missing?						
Heat Exhaustion/Stroke?						
Dizziness, Fainting, Convulsions, and/or headaches?						
Knocked out?						
Concussion?						
Wear glasses or contacts?						
Hearing defects?						
Dental appliances?						
Bridge/Brace/Cap/Plate						
Cough/Pain?						
Problems with Blood Pressure, Heart, or Murmurs?						
Problems with liver, spleen, kidney?						
Hernia?						
Recurrent skin disease?						
Bone/Joint Injury? Sprain/Dislocation? Injury that caused a missed practice or event?						
Allergy to Medications?						
Names						
Tetanus Booster in the last 10 years?						
The above information is current and correct to the best of my knowledge.			SPORTS PARTICIPATION APPROVED YES _____ NO _____			
			LIMITATIONS:			
Signature of Parent/Guardian			Physician Signature			
Date			Date			