

**Lopez Island School District #144**  
*MIDDLE SCHOOL / HIGH SCHOOL*  
Parental Permission to Participate in Off-Campus School Activity

**20011-2012  
MEDICAL EMERGENCY  
AUTHORIZATION FORM**

**Name of participant:** \_\_\_\_\_

As parent or legal guardian, I authorize the team physician or in his/her absence, a qualified physician to examine the above named student, and, in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, that he/she deems necessary to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

We agree to defend, indemnify and hold Lopez Island School District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the performance of this Authorization, except for injuries and damages caused by the school district's sole negligence.

I accept full responsibility for the cost of treatment for any injury my child may suffer while taking part in the program.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Emergency phone:** \_\_\_\_\_

**Medication: (Please circle)**    Y   N    **Kind?** \_\_\_\_\_  
**Allergies:**                            Y   N    **Kind?** \_\_\_\_\_

**Student athletes must have school health insurance or private medical insurance to participate.**

\_\_\_\_\_ **I have school insurance.**

\_\_\_\_\_ **I have insurance coverage** equivalent to or better than the Washington State Industrial Insurance Fee Schedule for doctor's services or hospitalization and will continue to keep it in force throughout the sports season; therefore, I do not wish to enroll in the School Accident Coverage Plan.

**Name of medical insurance company:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_ **Insurance phone number:** \_\_\_\_\_