



STUDENT MEDICAL AND IDENTIFICATION FORM

Buckeye Elementary School District #33
25555 W Durango Street
Buckeye, AZ 85326

Student: _____ Grade: _____ Date of birth: _____

Sport/Activity: _____ School Year: _____

My child has my permission to participate in the following sports:

(Please check ALL the sports in which the student may be interested in participating in during the school year.)

☐ Volleyball ☐ Basketball ☐ Wrestling ☐ Flag Football ☐ Baseball ☐ Softball

The following information is furnished so that my son/daughter may receive proper care.

Parent Understanding

I understand participating in interscholastic athletics or extra-curricular activities can be an extremely valuable experience for young people. We at BESD make every attempt to employ the finest coaches or sponsors, supply our athletes and participants in extra-curricular activities with the best equipment and facilities, and provide our participants with opportunities to develop skills and interests in sports and other activities so they may continue at the high school level. However, student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death. This communication is being written so you and your student can understand that there are potential dangers involved while participating in any athletic or extra-curricular program before deciding to become involved in these activities at BESD.

Father/Guardian printed name: _____ Work Phone: (____) _____

Father/Guardian Signature: _____ Date: _____

Mother/Guardian printed name: _____ Work Phone: (____) _____

Mother/Guardian Signature: _____ Date: _____

Address: _____ City: _____ Zip: _____

Medical Information

Family Doctor _____ Phone # _____

Address _____

Preferred Hospital _____

Please list any allergies or chronic health concerns:

Allergic reaction to any drug or medication? _____ If yes, what is involved? _____

In the event that we are unable to get in contact with you, please list an authorized person

1. Name of Person _____ Phone _____ Relationship to Child _____
2. Name of Person _____ Phone _____ Relationship to Child _____

Insurance Policy Information for Student Participating in Interscholastic Athletics

It is understood that the information, consent, and authorization hereby given and granted are continuing and intended by me to extend through the current school year.

In accordance with the school policy, the above named student:

- (a) Completed waiver – no individual insurance policy
- (b) Is fully covered by parent's insurance

Name of Insurance _____

Group # _____ Policy # _____

PLEASE PROVIDE A COPY OF INSURANCE CARD

The Buckeye Elementary School District #33 **WILL NOT ACCEPT** responsibility for the payment of any medical bills incurred due to injury during any practice or game. The above named student is given permission to participate in interscholastic athletic programs for the Buckeye Elementary School District #33. Permission is granted to transport, render aid, or care to said student as deemed necessary.

~ EXTRA-CURRICULAR ACTIVITIES WAIVER OF LIABILITY ~
Parent/Guardian Permission & Waiver of Liability
& Authorization for Emergency Care

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse the BESD for equipment or uniforms issued to my child should they become lost, stolen, or ruined. I understand that BESD cannot accept responsibility for personal items or school uniforms lost, stolen, or ruined.

I, hereby release Buckeye Elementary School District and its administrators, directors, and employees from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my student's participation in extra-curricular activities or interscholastic sports at BESD schools, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any BESD activity to select and secure medical attention as may be necessary for my child as a result of an injury or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release said school official(s) from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

All information given above is accurate.

Parent/Guardian Signature: _____ **Email:** _____