



Mount Horeb Middle School Co-Curricular Activity Emergency Consent to Treat

Student's Name: _____ Grade: _____ Birthdate: ____/____/____

Parent's/Guardian's Name: _____

Phone number where Parent/Guardian can be reached in case of an emergency:

Work: _____ Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

(Other than parent/guardian)

MEDICAL HISTORY

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Do you have or have you ever had any of the following:

1. Asthma: No Yes Carries an inhaler? _____

2. Allergies: No Yes If Yes, to what? _____

Carries Epi-Pen? No Yes

Type of Reaction: _____

*If there's an Individual Health Plan (I.H.P.), please attach.

Are there any other issues we should be made aware of: No Yes

If Yes, please explain: _____

INSURANCE - One of the following **MUST** be checked to participate.

We are interested in school insurance coverage. Please send us a Student Assurance Services Insurance application.

OR

We feel we have adequate insurance protection for our son/daughter while participating in co-curricular activities.

Name of Private Insurance Carrier (under which your son/daughter is covered):

Policy Number: _____

Activity Permit

(To be signed by Parent/Guardian)

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPPA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending a co-curricular activity, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as, but not limited to: Principal, Assistant Principal, Advisor, Administrative Assistant, and/or other professional health care providers, for the purposes of treatment, emergency care and injury record-keeping.

Signature of Parent/Guardian: _____ **Date:** _____