

PLAINFIELD PUBLIC SCHOOLS

Medical Release for Interscholastic Athletics

Sport: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Parent's Employment: \_\_\_\_\_

Work #: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Coverage Number (s): Group #: \_\_\_\_\_ Individual#: \_\_\_\_\_

IMPORTANT

- 1) Parent/guardians must notify the school nurse in writing of any changes in the information on this form.
- 2) It is understood that payment for medical claims will be processed in the following manner:
  - a. The parent/guardian's own health insurance coverage is primary and therefore pays first. The school's insurance covers the balance up to the policy limitation.
  - b. If there is no parent/guardian coverage then the school's sports insurance is primary and pays from the first dollar up to the policy's limit.
  - c. Student insurance purchased by the parent/guardian through the school does not cover interscholastic sports claims.

PLEASE SIGN BELOW AND PLACE INITIALS BESIDE ITEMS WHICH APPLY:

I hereby authorize \_\_\_\_\_  
(STUDENT'S NAME)

\_\_\_\_\_ To participate in \_\_\_\_\_  
(NAME OF SPORT) (SEASON)

\_\_\_\_\_ To be treated in an emergency situation through any certified medical program  
by qualified medical personnel.

\_\_\_\_\_  
Parent/Guardian Signature Date