

SUPERIOR JR/SR HIGH SCHOOL
100 W Panther Dr
Superior AZ 85173
(520) 689-3100

Student: _____ ID: _____ Grade: _____

ATHLETE HAS SCHOOL INSURANCE: YES _____ NO _____ (mark one)

I request _____ of Superior Jr/Sr High School be exempt from the school's accident insurance requirement for student participation in athletics. The above named student is currently covered and will continue to be covered during the present school year by an accident/health insurance policy issued by:

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____ DOCTOR'S PHONE NUMBER: _____

The above mentioned insurance policy will provide adequate and equivalent protections in the event of an injury to the above named student during a school supervised practice or game.

SIGNATURE OF PARENT/GUARDIAN

DATE

SUSD ATHLETIC EMERGENCY INFORMATION

Name: _____ Birthdates: _____ Sex: M _____ F _____

Mailing Address: _____

Parent Contact Information:

Father: _____ Hm Phone: _____ Cell Phone: _____

Mother: _____ Hm Phone: _____ Cell Phone: _____

Guardian: _____ Hm Phone: _____ Cell Phone: _____

Preferred Hospital: _____ Phone: _____

In case of emergency, if parents cannot be contacted, please give a name of a relative of close friend who will assume responsibility.

Emergency Contact 1: _____ Relation: _____ Phone: _____

Emergency Contact 2: _____ Relation: _____ Phone: _____

If emergency service involving medical action or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to be given care by the doctor selected:

SIGNATURE OF PARENT/GUARDIAN

DATE