



ROCKY MTN. HIGH SCHOOL

IQ

INSURANCE QUESTIONNAIRE AND CONSENT FORM

(9th 10th, 11th, 12th GRADES MUST COMPLETE FORM YEARLY)

PERSONAL HISTORY

Last Name _____ First _____ MI _____
 Home Phone _____ Birthdate _____ Grade _____
 Address _____ City _____ Zip _____
 Parent/Guardian Name _____ Day Phone _____
 Relation _____ Evening Phone _____
 Parent/Guardian Name _____ Day Phone _____
 Relation _____ Evening Phone _____
 In Case of an Emergency and the parents cannot be contacted please notify:
 Name _____ Relation _____ Phone _____

INSURANCE INFORMATION

Is your child covered by a family health insurance policy? _____ YES _____ NO

Primary Insurance Company _____

Subscriber / Enrollee Name(s): _____

Policy / Enrollee Identification #: _____

Do you wish to purchase school health insurance? _____ Yes _____ No

If YES, a premium will be required prior to participation in any IHSAA athletic activity. More information can be obtained from the main office at: _____

* If you do not have insurance and choose not to purchase school insurance - you will need to sign the waiver on the backside of this form.

MEDICAL INFORMATION

Last Physical _____ Last Tetanus _____ Allergies _____

Health Problems _____ Current Medications _____

Family Doctor _____ Phone Number _____

Since the athletes last physical examination, have they:

	YES	NO		YES	NO
1) Had Surgery	_____	_____	6) Had a concussion	_____	_____
2) Been Hospitalized	_____	_____	7) Been Unconscious	_____	_____
3) Been under a physicians care	_____	_____	8) Had an Allergic Reaction	_____	_____
4) Had a serious illness	_____	_____	9) Developed any health problem	_____	_____
5) Had an injury requiring physicians care	_____	_____			

Please explain any YES answers and give date _____

CONSENT FORM (MUST BE SIGNED IN BLUE OR BLACK INK)

I hereby give consent to the above named student-athlete participating in the interscholastic athletic program at ROCKY MTN. HIGH SCHOOL. This consent includes travel to and from athletic contests and practice sessions.

I hereby give consent to the ROCKY MTN. SPORTS MED DEPT. and/or coach to apply first aid treatment for any illness or injury resulting from his/her athletic participation at ROCKY MTN. HIGH SCHOOL.

I hereby give consent that in case the parents/guardians can't be reached, the ROCKY MTN. HIGH SPORTS MED DEPT. and/or coach may secure emergency medical services, if needed, as a result of any injury during participation in sanctioned practices/games scheduled by ROCKY MTN. HIGH SCHOOL.

I also give consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student-athlete.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

My participation in interscholastic athletics at ROCKY MTN. HIGH SCHOOL is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSAA and ROCKY MTN. HIGH.

SIGNATURE OF STUDENT/ATHLETE: _____ DATE: _____

Insurance Waiver Form

I _____, understand and accept any and all
(Parent/Guardian)

Medical expenses that may be incurred due to possible injury(ies) sustained while participating in/a school-sanctioned activity(ies). The following waiver will cover the _____ school year.
(Year)

My child will participate in the following sports during the above school year.
(Please list each sport in the spaces provided.)

1. _____
2. _____
3. _____
4. _____
5. _____

This includes all practices, travel, and game situations during the entire year (from August 1st until July 31st of the following year). I also understand that some type of insurance (including school insurance) has been recommended/offered for my child and I have chosen not to purchase any type of insurance for my child at this time.

(Student/Athlete Signature) (Date)

(Parent/ Guardian Signature) (Date)

(Head Athletic Trainer Signature) (Date)

(Activities Director Signature) (Date)