

# Sauk Prairie Middle School Show Choir – “Middle Level Motion”

## Agreement For Medical Treatment Of Injured Students And Student Insurance Information

### PLEASE PRINT!

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ Age of Student: \_\_\_\_\_

Mother's Name & Daytime Telephone Number: \_\_\_\_\_

Father's Name & Daytime Telephone Number: \_\_\_\_\_

Parent & Telephone Number To Contact In Case Of Emergency: \_\_\_\_\_

Emergency Contact & Telephone Number If Parent Is Unavailable: \_\_\_\_\_

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### Insurance Information

My son/daughter's insurance is with: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor/Clinic: \_\_\_\_\_ Phone#: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### Parent/Guardian Permission To Treat Signatures (Only one parental/guardian signature is required.)

We have read and understand the procedures concerning treatment of injured participants described below. We consent to having our son/daughter participate in Middle School Show Choir and authorize treatment for illness and injury as prescribed below.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Signature: : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature Of Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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In all physical activities, there is the possibility of injury. In the event of injury, the advisors or other trained individuals will render first aid or make the determination that further treatment is needed. Parents/Guardians will be notified as quickly as possible. If the injury occurs at a home event or rehearsal and the injury is deemed serious, the injured student will be conveyed by ambulance, if available to a doctor, clinic or hospital for treatment. If the injury occurs at an away event or activity and the injury appears to be serious, emergency medical treatment will be provided as is reasonably available.

I/We understand that the Sauk Prairie School District does not carry medical expense insurance for the benefit of any student who may be injured while participating in co-curricular activities and that the Sauk Prairie School District assumes no responsibility for such medical expense. I/We further understand that a student will not be allowed to participate in this co-curricular activity without insurance coverage.

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## Past Medical History

Any Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Describe Any Current Limitations: \_\_\_\_\_

Hospitalizations For Any Reason: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Allergies: Allergic To: \_\_\_\_\_

Reactions: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Does The Student Wear Contact Lenses Or Hearing Aids? \_\_\_\_\_

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## Injury Record

Have you sustained any injury that prevented you from practicing or performing for at least one day? If yes, which injury? \_\_\_\_\_

Have you had any of the following? Please be specific. Give dates and explain.

Concussions(knocked out), head, neck, shoulder injuries: \_\_\_\_\_

Knee Injuries: \_\_\_\_\_

Ankle Injuries: \_\_\_\_\_

Broken Bones: \_\_\_\_\_

Other Musculoskeletal(dislocations, sprains, etc.): \_\_\_\_\_

Abdominal Injuries: \_\_\_\_\_

Heat Injuries: \_\_\_\_\_

Missing Organs: \_\_\_\_\_

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## Medication Report

Please list any prescription medications the student is currently and regularly taking: \_\_\_\_\_

\_\_\_\_\_ Over-the-counter medications: \_\_\_\_\_

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## Review Of Systems – Have you ever had? (Check those that apply.)

___ Irregular pulse	___ Enlarged liver or jaundice	___ Diabetes	___ Single eye
___ Heart disease	___ Kidney disease	___ Thyroid disease	___ Hernia
___ Collapsed lung	___ High blood pressure	___ Asthma	___ Seizures
___ Tuberculosis	___ Retinal injury	___ Ulcers	___ Enlarged spleen

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