Saints Peter and Paul High School
Student Athlete Insurance Information
(To be completed by Parent/Guardian)

- **Health Insurance Verification-** Student/Athlete must have one of the following:

_____ School Insurance Plan **_____ Private Insurance Plan**

  - *Name of Company* _____
  - *Insurance Policy Number* _____

- **Personal Health of Student (Check One):**

	YES	NO
o Has had injuries or accidents requiring medical attention		
o Has had a surgical operation or procedure		
o Has been in the hospital		
o Takes medicine now or regularly		
If yes, please list: _____		
o Has a condition now under a physician's care		
o Any birth deformities		
If yes, please list or explain: _____		
o Any allergies		
If yes, please list or explain: _____		
o Mental disorders or convulsions		
o Has the student ever had a concussion		
o Is there any reason this student should not take part in any sport?		
Date of last tetanus or booster inoculation: _____		

I/We, as parent(s)/guardian(s), understand that Saints Peter and Paul School has made available an accident insurance program in which my child may enroll and that the program is optional and limited to the coverage specified in the brochure. I/We, realize that there is a possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities.

I/We, further understand that Saints Peter and Paul School disclaim any financial responsibility for the costs of medical treatment, hospitals, ambulances and/or paramedics, etc., arising out of or by virtue of an injury to my/our child while participating in such interscholastic competition or practice.

I/We, hereby consent to the above student participating in the sports program. This consent also includes all required travel. I/We further consent to necessary treatment by designated physicians for any illness or injury resulting from participation in a school sport. Lastly, I/we will not hold the school, its coaches, or school or Parish officials legally responsible for such illness/injury.

Parent/Guardian Signature _____ **Date _____**

Student Signature _____ **Date _____**