



MOC-Floyd Valley High School

615 8th Street SE

Orange City, IA 51041

Phone: 712-737-4871

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MOC-Floyd Valley Community School Student Medical Insurance Information/Consent Form

Please read the information below and place a check mark in front of the sentences that apply to you. Sign at the bottom when all information is complete and accurate.

Student Name: _____ Birthdate: ___/___/___ Grade: _____

Parent/Guardian Permission:

- I understand that the school board has developed policies relevant to the use of alcohol, tobacco, and controlled substances by student athletes. I further understand that these same policies speak also of the question of criminal activity by student athletes.
- I understand that a copy of these policies is included in the handbook, which my child receives at registration.
- I understand that athletic competition includes an inherent risk of injury, including the risk of catastrophic injury.
- I understand that my child will be asked to pay the cost of school equipment lost or stolen while in his/her care.

Insurance Coverage

All students participating in athletics must be covered by medical insurance. The school must have on file the name of the company providing coverage for your child before he/she will be allowed to practice or participate in any activity.

** Please complete the option below, which pertains to coverage for your child. **

_____ My son/daughter is covered under our family policy for athletic injury.

_____ My son/daughter is not covered by a family policy for athletic injury. I have purchased school insurance for my child.

** I understand that the school carries no other health or accident insurance on my child. **

Consent for Medical Treatment

Iowa law requires a parent's, or legal guardian's written consent before their son or daughter can receive emergency treatment, unless, in the opinion of the physician, the treatment is necessarily to prevent death or serious injury.

_____ As the parent(s), or legal guardian(s), of the child named above, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care.

This written consent is granted only after a reasonable effort has been made to contact me (us). I (we) give permission for this form to be duplicated and used for consent at all school-sponsored activities in which our child participates during the current school year.

Heads Up: Concussion in High School Sports

_____ We have received the concussion information sheet titled, "Heads Up: Concussion in High School Sports."

Parent/Guardian Signature

Date