



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. Your signature verifies that the student named above is covered by one of the following:

---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