

TO: PARENTS OF STUDENT ATHLETES
FROM: DELAWARE VALLEY ATHLETIC DEPARTMENT
RE: INJURY INSURANCE-EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The Delaware Valley School District carries personal injury insurance on junior high and high school athletes who are injured during practice, during a game or match, or during transport to or from a game or practice. These are the only times this coverage is in force. The coverage is at no cost to parents. The policy covers the first \$100.00 of medical expenses. Then any family insurance must be activated and used until exhausted. Finally the personal injury policy will be re-activated if there are further expenses. Parents may still wish to consider purchase of a low cost insurance plan handed out by the school to cover personal injury which may occur at times *other than* during athletic participation.

Delaware Valley School District is not responsible for your medical bills. It will be your responsibility to pay any balance not covered by either your own private carrier or our Athletic Student Insurance Policy. Please be advised that insurance carriers historically pay according to Usual & Customary charges & it is your responsibility to coordinate with the insurance company referring to all claim questions, including participating providers and covered services.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

In the event my child, _____ is injured during a Delaware Valley athletic practice or contest requiring consultation and or treatment at a hospital or by medical personnel and the undersigned cannot be contacted, the undersigned (Parent/Guardian) of _____ hereby authorizes the coach or coaches of the Delaware Valley team to take those measures reasonably necessary to procure the required medical examination and /or treatment, including, but not limited to authority to authorize the said examination and or treatment by hospital or medical personnel.

Parent Guardian Signature Students Full Name Date

STUDENTS WILL NOT BE ALLOWED TO PRACTICE OR COMPETE UNTIL THIS FORM IS RETURNED TO THE ATHLETIC OFFICE COMPLETELY FILLED IN & SIGNED

STUDENTS DATE OF BIRTH _____ STUDENTS GRADE _____

PARENT \ GUARDIAN HOME PHONE NUMBER _____

WORK \ EMERGENCY PHONE NUMBER _____

ADDRESS _____

MEDICAL HISTORY: PLEASE STATE ANY CURRENT MEDICAL CONDITION THAT WE NEED TO KNOW ABOUT: (ASTHMA, HEART PROBLEMS, ALLERGIES TO MEDICATIONS, MONO, ETC.) ALSO STATE ANY MEDICATIONS BEING USED CURRENTLY!