

Important Notice

North Lakes Academy Dist. 4053 does not provide medical insurance for accidental injuries suffered by students on school property or at school-sponsored activities. This includes any accidental injuries suffered during physical education activities. These types of injuries **MUST** be covered by your family medical insurance or by an individual policy that you would provide to your student. If you wish to provide individual accident insurance for your student(s), you must make arrangements for that coverage with your own insurance company. The School Dist. cannot assume liability for accidental student injuries that occur during the school day or at school-sponsored activities.

NLA Emergency Contact And Insurance Information

PLEASE COMPLETE THE FOLLOWING AND RETURN TO THE ACTIVITIES OFFICE WHEN SIGNING UP FOR AN ATHLETIC OR SCHOOL SPONSORED ACTIVITY.

ONE FORM PER SPORT PLEASE

SPORT: _____ School Attending: NLA
Student Name: _____ Grade: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone Number: () _____
Birthdate: _____ Sex: M F
Parent(s) Name: _____ Daytime Phone: () _____

() _____
Primary Physician: _____ Phone: () _____
Primary Insurance Company: _____
ID/Policy Number (include ALL Digits): _____
Group Number: _____ Phone # (to verify eligibility): () _____
Policyholder's Name: _____
I have read the NLA / MSHSL Rules on-Line: _____ (parent/guardian Initials)

It is the responsibility of the parent and the student to notify a coach before the season begins of any pre-existing medical condition which may require emergency response during practice of play (diabetes, epilepsy, asthma, bee sting allergy, ect.)

Acknowledgment of Non-Coverage By NLA School Dist.

I/(we) have read the notice on this form and understand that North Lakes Academy does not provide insurance coverage for accidental student injuries suffered during the school day or at school-sponsored activities. This includes any accidental injuries suffered while participating in physical education activities. I/We further understand that we are responsible for providing any needed or desired medical insurance coverage for our student(s).

Parent/Guardian Signature

Date

Consent For Emergency Care and Treatment

I/We understand that every attempt will be made to notify me/us or the person indicated below in the event my child is injured. In the event notification is not possible, I/We do hereby agree to give consent for appropriate emergency medical care to be provided for _____ at my/our expense.

Parent/Guardian Signature

Date

Emergency Contact Person: _____ Phone # _____

(Other than parent)

Relationship to Participant: _____