Peninsula School District

REQUIRED STUDENT INFORMATION FOR PARTICIPATION IN ATHLETICS/ACTIVITIES

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: ____

SPORT/ACTIVITY: _____ SPORT PHYSICAL EXAM DATE: _____

ADDRESS: _____ HOME PHONE: _____

PARENT/GUARDIAN: _____ WORK #: _____ CELL #: _____

_____ WORK #: _____ CELL #: _____

OTHER EMERGENCY CONTACT: _____ PHONE #: _____

_____ PHONE #: _____

HEALTH INFORMATION

CHECK ANY OF THE FOLLOWING HEALTH CONDITIONS THAT MAY AFFECT STUDENT DURING SPORT/ACTIVITY:

☐ NONE KNOWN (Skip to MEDICAL INSURANCE below.)

☐ ASTHMA

☐ DIABETES

☐ SEIZURE DISORDER

☐ OTHER: _____

ALLERGY:

☐ BEE STING

☐ FOOD: _____

☐ OTHER: _____

☐ CHECK HERE IF ANY OF THE ABOVE HEALTH CONDITIONS ARE LIFE-THREATENING.
State law requires that medication/treatment orders and a nursing care plan be in place for student in school and activities. (RCW 28A.210.320)
SCHOOL HEALTH CARE PLAN AND MEDICATION PERMISSION FORM(S) MUST BE ATTACHED TO THIS FORM. (See school nurse.)

☐ CHECK HERE IF STUDENT MUST HAVE ACCESS TO EMERGENCY MEDICATION MARKED BELOW:

☐ EPIPEN ☐ INHALER ☐ OTHER: _____

☐ CHECK HERE IF STUDENT CARRIES EMERGENCY MEDICATION MARKED ABOVE.

☐ CHECK HERE IF STUDENT DOES NOT CARRY EMERGENCY MEDICATION MARKED ABOVE.
(PARENT/GUARDIAN MUST CONTACT COACH/ADVISOR TO MAKE ARRANGEMENTS FOR MEDICATION(S).)

☐ LIST OTHER MEDICATION(S) STUDENT MAY NEED DURING ACTIVITY: _____

LOCATION OF OTHER MEDICATION(S): ☐ STUDENT CARRIES ☐ OTHER (PARENT MUST ARRANGE WITH COACH/ADVISOR.)

A COPY OF CURRENT MEDICATION PERMISSION FORM(S) MUST BE ATTACHED TO THIS FORM. (See school nurse.)
A COPY OF ANY SCHOOL HEALTH CARE PLAN(S) MUST BE ATTACHED TO THIS FORM. (See school nurse.)
State law requires that a health care provider's current order for medication be on file for student in school and activities. (RCW 28A.210.260)

CONSULTED WITH SCHOOL NURSE AND ALL REQUIRED MEDICATION FORM(S) AND HEALTH CARE PLAN(S) ATTACHED.

DATE: _____ SCHOOL NURSE/HEALTH TECHNICIAN INITIALS: _____

MEDICAL INSURANCE

MEDICAL INSURANCE COVERAGE MUST BE MAINTAINED THROUGHOUT SPORTS/ACTIVITY PARTICIPATION.
DENTAL INSURANCE COVERAGE IS RECOMMENDED BUT NOT REQUIRED.

☐ I HAVE OBTAINED MEDICAL INSURANCE THROUGH _____

PARENT PERMISSION SIGNATURE

I HEREBY GIVE PERMISSION FOR THE STUDENT NAMED ABOVE TO ENGAGE IN ATHLETICS/ACTIVITIES IN THE PENINSULA SCHOOL DISTRICT AND FOR EMERGENCY MEDICAL CARE TO BE ADMINISTERED.

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

PARENT/STUDENT ATHLETE ACTIVITIES CODE ACCEPTANCE SIGNATURE

I AKNOWLEDGE I HAVE READ AND ACCEPT THE ACTIVITIES CODE OF CONDUCT AS OUTLINED IN THE STUDENT HANDBOOK FOUND AT http:/psd401.net/handbook.asp

_____ _____
PARENT/GUARDIAN SIGNATURE & DATE STUDENT SIGNATURE & DATE

Bookkeeper Initials Only:
□ ASB CARD
□ FINE
□ FEES

Athletic Department Only:
□ Student cleared to participate Date: _____
Student's current GPA: _____