

# CAMAS HIGH SCHOOL

## ATHLETIC AND MEDICAL EMERGENCY AUTHORIZATION FORM

*Check the box next to the sport you are playing each season. Please put an "M" after the sport if you are going to be a manager. Return this form to the Athletic Office at Camas High School.*

FALL	WINTER	SPRING
<input type="checkbox"/> Football	<input type="checkbox"/> Boys Basketball	<input type="checkbox"/> Baseball
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Girls Basketball	<input type="checkbox"/> Softball
<input type="checkbox"/> Boys Golf	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Boys Soccer
<input type="checkbox"/> Girls Soccer	<input type="checkbox"/> Boys' Swim	<input type="checkbox"/> Girls Golf
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Girls Tennis
<input type="checkbox"/> Girls Swim	<input type="checkbox"/> Competitive Dance	<input type="checkbox"/> Track
<input type="checkbox"/> Boys Tennis	<input type="checkbox"/> Basketball Cheer	
<input type="checkbox"/> Football Cheer		

Email Address \_\_\_\_\_

Name of Student \_\_\_\_\_

Last	First	Middle Initial	Grade
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Full Time CHS Student     Private School Student     Home Schooled Student\*

\*If you are home school you must show that you are registered with the Camas District Office.

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency phone other than parent: (Neighbor, Relative, Friend, etc)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**Health and Dental Insurance is Required by the WIAA for participation in athletics**

Health Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Does your health provider cover dental accidents? \_\_\_\_\_yes \_\_\_\_\_no

Emergency Dental Provider (If not covered by medical)

\_\_\_\_\_ Policy No. \_\_\_\_\_

As parent or legal guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named student in the event of injury. I also give permission to administer emergency care and to arrange for any consultation by a specialist, including a surgeon if deemed necessary, to insure proper care of any injury. Every effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment. I have also read the Athletic Code of Conduct and agree that my son/daughter must follow the guidelines set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have read the Athletic Code of Conduct and agree to follow the guidelines set forth.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_