Chaminade College Preparatory
Students Health Insurance and Medical Information

Name of Student:_____Birth date: _____
(Last) (First) (MI)

_____ _____
Insurance Company Insurance Phone Number

_____ _____
Insurance Policy Number Insurance Group Number

Certification of Physical Examination for Athletes (completed by Physician)
Valid for one school year- date of exam must be no earlier than June 1, 2017. Athlete is subject to re-examination should there be evidence of physical deterioration of impairment during the calendar year.

Age: _____ Height:_____ Weight:_____ Male_____ / Female_____

Blood Pressure: _____/_____ Heart Rate: _____

Medication Information (attach list if needed)

Medication	Dosage and Frequency	Condition Being Treated

Allergies: _____

Medical History: ☐ Diabetes ☐Anemia ☐Asthma ☐Heart Conditions ☐Sickle-Cell Trait

Other Conditions:

Physician: I certify that I have on this date examined and found this student physically fit and able to participate in Inter-Scholastic Athletics.

Physicians Signature: _____ **Date:** _____

Physicians Name: _____

Address: _____

_____

Phone: _____

Form not valid unless stamped

Chaminade College Preparatory
STUDENT PARTICIPATION AND RELEASE AGREEMENT

Inter-Scholastic Athletic Program: _____

Name of Student: _____ Grade: _____
(Last) (First) (MI)

Address: _____ City: _____ Zip: _____

Chaminade College Preparatory ("School") offers its students the opportunity to participate in extra-curricular athletic programs, with off-campus events, that are not required as part of the School's educational program and in which student participation is completely optional. Such activities bear greater risk of injury than what is encountered in normal daily life, and could involve serious injury or death. No student may participate in the above named program, absent the express written consent of his or her parents or guardian. **By signature below, I consent to my student participating in the program listed above. Such participation includes engaging in athletic activities, travel to non-home events and/or related activities.**

I assume all risks in connection with my student's participation in the above referenced activity and hereby release and discharge, on my behalf and on behalf of my student, Chaminade College Preparatory, its employees, directors, agents and volunteers (collectively "Chaminade") from all liability, claims or demands for any damage, loss or injury to my student or my student's property in connection with his or her participation in this athletic program and related travel, or activities which are incidental to such participation. This Agreement releases Chaminade from any liability for negligence, except gross negligence.

I FULLY UNDERSTAND THAT BY SIGNING THIS RELEASE, I AGREE, FOR MYSELF AND MY STUDENT, THAT I AM RELEASING CHAMINADE FROM ANY LIABILITY OR RESPONSIBILITY FOR ANY PERSONAL INJURIES OR LOSSES THAT MY STUDENT OR I INCUR ARISING OUT OF THIS ACTIVITY OR TRANSPORTATION RELATED TO THIS ACTIVITY, INCLUDING LIABILITY FOR NEGLIGENCE.

I hereby give my permission to the School to render first aid and/or to obtain medical/surgical care, including hospitalization, for any illness or accident involving my student. In the event that I cannot be reached in an emergency, I also authorize any physician or medical staff to make examinations and render medical and/or surgical treatment deemed necessary for the preservation of my student's health and welfare. I understand that the costs for such medical treatment shall be my sole responsibility. I release from any liability Chaminade, as well as any physician and/or medical staff who provide health care services to my student.

I authorize the School to share my contact information (phone(s) and email) with other parents of students who are on the team with my student.

This Agreement and the rights and obligations of the parties hereunder shall be construed and enforced in accordance with the laws of the State of California. This Agreement may not be modified except in writing signed by the School's president.

Parent/Guardian (print): _____

Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

In case of emergency and I cannot be reached, I request and authorize Chaminade to contact the following person:

EMERGENCY CONTACT: _____ PHONE: _____

NOTE: Physical examinations are required for high school students playing any sport. Such examinations are valid for <u>one year</u> from date of exam, subject to re-examination should there be evidence of a health / physical change, deterioration or impairment during the year. If your student's medical / physical health has changed since you submitted a prior physical, it is your responsibility to provide the School with an updated Medical Card, including a current physical evaluation – regardless of the time lapse since the prior evaluation.