

Oklahoma City Public School Athletic Department



Student/Athlete Multi-Form

Student's Name: _____ Address: _____ Home Phone: _____
Mother's Name: _____ Work Phone: _____ Mobile Phone: _____
Father's Name: _____ Work Phone: _____ Mobile Phone: _____
Additional Contact: _____ Relationship: _____ Phone: _____

Acknowledgment of Insurance Coverage or Waiver Verification

I understand that the school and Independent School District Number 89 of Oklahoma County, Oklahoma, are not responsible for any medical expenses that might result from injuries to my child while representing the school in athletic competition and practice sessions.

Please initial one of the following:

_____ I am purchasing student accident insurance for my child.

_____ I have adequate insurance coverage for my child for injuries that may result from participation in athletics while representing an Oklahoma City Public School

Parent's Signature

Date

Emergency Treatment Authorization

The purpose of this notice is to enable you to authorize the provision of emergency treatment for your child who may become ill or injured while under school authority, when you cannot be reached. When a principal or a teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you. At the top of this form, you were asked to provide your home telephone number as well as any other numbers where you may be reached during practice/game hours should your child become seriously ill or injured, thus requiring emergency medical treatment. If both you and your spouse are employed, please list alternative emergency numbers.

I have read and understand this notice and give my consent for EMSA to be called and emergency medical treatment to be given to my child if a medical emergency involving my child occurs while under school authority.

Parent's Signature

Date

Parent's Permission for Excursion

To: _____, Principal at _____
School of the Board of Education of the City of Oklahoma City, State of Oklahoma:

The undersigned, a parent of the pupil, _____
Request that the said pupil be permitted to engage in the following school activity: ***Athletics - including all practices, meetings, traveling and games as required by the Head Coach*** and as a prerequisite consideration, agree:

The undersigned parent acknowledges the understanding that the above pupil will receive only general supervision during the activity; and agrees to hold the school district, its employees and agents harmless for any liability arising out of such pupil's participation except that for which the school district is responsible under the laws of the state of Oklahoma.

Signature

Date

