



AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT AND HEALTH INSURANCE VERIFICATION

HEALTH INSURANCE VERIFICATION:

Education Code Section 32221 requires that athletic team insurance must be provided at the expense of the school districts (1) only in the event that a student does not otherwise have insurance or a reasonable equivalent of health benefits coverage, and (2) only if the student cannot afford such insurance or health benefits coverage. Please select one of the following:

_____ I have health insurance with coverage of at least one thousand five hundred dollars (\$1,500) in compliance with Education Code Section 32221.

Athletic Team/Sport: _____

Student's Name: _____ Grade: _____

Insured Name: _____

Insurance Company: _____ Policy / ID Number: _____

Medications: _____

Allergies/ Health Issues: _____

_____ **I would like to enroll in a no-cost or low-cost local, state, or federally sponsored health insurance programs in compliance with Education Code Section 32221.5. Information about these programs may be obtained by calling Medi-Cal at 800-541-5555 or Healthy Families Program at 800-880-5305.**

_____ I do not have health insurance and need to be covered by the Trinity Alps Unified School District's athletic team insurance.

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

In the event of an injury or illness to my child while participating on the athletic team, I do hereby authorize the Trinity Alps Unified School District, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at any medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the sport season, including any playoff or championship competition, unless revoked in writing and delivered to said agent.

Parent/Guardian Signature: _____ **Date:** _____

Jaime Green - Superintendent

Cindy Blanchard - Director of Business Services