



LONG CREEK SCHOOL DISTRICT #17

375 East Main Street P.O. Box 429
Long Creek, OR 97856
Phone (541) 421-3896 Fax (541) 421-3012

Karl Coghill
Superintendent

Marsie Watson
School Board Chair

INSURANCE INFORMATION EMERGENCY/PERMISSION AUTHORIZATION

Students participating in interscholastic athletics at Long Creek School are required, by Board policy, to have some type of medical insurance. Our son/daughter _____, is covered by medical insurance.

YES NO (Circle one)

Name of Insurance Company _____

Insurance Identification Number _____

(A copy of the insurance card is attached)

Proof of medical insurance must be furnished to Long Creek School in order for a student to participate in athletics. School insurance may be purchased by the parent at their expense. This information can be obtained from the school office. All athletes must have a physical examination and parent permission slip on file prior to participating in any interscholastic athletic event. Students who have been under doctor's care for illness or injury, must have a doctor's release before participating in athletics.

(I) (WE), the undersigned parent of _____, a minor, do hereby authorize any currently employed staff of Long Creek School, as agent for the undersigned, to consent to any x-ray treatment, anesthetic, medical or surgical diagnosis or treatment and hospital care, as deemed necessary and advisable by, and is to be rendered under the general or special supervision of any physician and surgeon treatment is rendered at the office of said physician or at a hospital and also dental treatment by a licensed dentist, if needed. This authorization is given for the protection and preservation of my child and of Long Creek School District, under and pursuant to the laws of the State of Oregon governing such cases. This authorization will be used only in case of an emergency when parents cannot be reached. This authorization is in effect for the school year, as indicated.

My signature below, also gives consent for my student to compete for Long Creek School in OSA approved sports and to go with coach on any trips.

Signature of Parent

Date

Phone Number

School Year

A copy of this insurance/permission form will be kept on file in the school office. Also, a copy will be given to the coach and will accompany him/her on all athletic activities.