



## Consent to Treatment & Proof of Insurance

All Athletic Team/Sport Club practices, games, meets and matches

INFORMATION: Education code section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with the course of instruction or school related social, educational, cultural, athletic or school band activities to and from places in the states, the District of Columbia, or a foreign country. Field Trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary.

### PLEASE INITIAL NEXT TO THE OPTION YOU CHOOSE BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF AN ACCIDENT OR EMERGENCY:

1. \_\_\_\_\_ In the event of an accident or emergency, when a parent /guardian is unavailable, I hereby authorize a representative of National University Academy, as agents for the undersigned to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation; consent to an X-ray examination; an anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general and special supervision of any physician or surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time I authorize such care and treatment to be performed by a licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COST INCURRED AS A RESULT OF THE FOREGOING.** If your child is injured on an athletic team or sports club excursion, contact the Vista Office at (760) 630-4080. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. We hereby authorize any hospital, which has provided treatment to the undersigned minor pursuant to section 25.8 of the Civil Code of California to surrender physical custody of such minor to our below named agents upon the completion of the treatment. A secondary source may be the insurance company of the driver of an automobile accident.

2. \_\_\_\_\_ I DO NOT choose to accept the above statement and desire for the following action to taken:

\_\_\_\_\_  
\_\_\_\_\_

WAIVER: "California law provides as follows: 'All such persons making field trips or excursions shall be deemed to have waived all claims against the school district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents/guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims [Education Section Code 35330]. My signature on this form shall constitute an informed and knowing waiver as required by law."

MY SIGNATURE BELOW AUTHORIZES MY CHILD TO PARTICIPATE IN ALL ATHLETIC/SPORT CLUB ACTIVITIES AS DETAILED IN OPTION #1 ABOVE OR TO FOLLOW THE STEPS OUTLINED BY OPTION #2

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

**EMERGENCY INFORMATION**

(to be completed by a parent/guardian)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PROOF OF INSURANCE**

(to be completed by a parent/guardian)

In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least \$5000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports at National University Academy. I also give my permission for my son/daughter to participate in sports, including any trips by supervised school transportation.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_