

**STERLING JUNIOR/SENIOR HIGH
STERLING, KS 67579 USD #376
INSURANCE POLICY**

STUDENT: _____

INSURANCE

USD #376 Board of Education policies require the parent/guardian to provide the primary (first Pay) medical insurance for the student-athlete. Sterling Junior and Senior High School, as members of KSHAA, provide each student-athlete with a catastrophic policy which is a secondary (pays after primary is complete) major medical policy. By providing the name of my insurance company and signing below, I agree to assume all medical payments arising from any and all athletic injuries incurred while practicing for, participating in, or traveling to or from inter-school activities.

Name of Company

Parent or Legal Guardian

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I agree that the school representatives may act in my absence to authorize emergency medical or dental treatment for injuries incurred during activities sponsored by Sterling Junior and/or Senior High School.

Parent or Legal Guardian

Date

Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

List of Allergies: _____
