

NARRAGANSETT HIGH SCHOOL
Sports Pre-Participation Medical History

Parent/Guardian: Please complete this form and sign in the three areas indicated. A Notary is available at school for your convenience. This form is CONFIDENTIAL and is meant to assist the doctor in protecting your child's health. It is not meant to disqualify anyone from participation. Be sure to read and complete both sides of this form.

I. INFORMATION:

NAME: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ PHONE: _____ GRADE: _____

FATHER: _____ WORK PHONE: _____
Last Name First Name

MOTHER: _____ WORK PHONE: _____
Last Name First Name

EMERGENCY CONTACT: _____ PHONE: _____
Other than family Name

Last COMPLETE physical examination _____ Performed by _____

Sports to be played during this school year _____

II. PERMISSION:

I give my son/daughter _____ permission to participate in _____
_____. I have received a copy of the Narragansett High School Athletic Department Policies and I agree to comply with the requirements as stated. A yearly physical exam is required for athletic participation and this exam must be done by your physician. The exam must be completed by June 1st of the current school year.

Date Signed

Signature of Parent/Guardian

III. EMERGENCY TREATMENT:

In the event my child becomes injured or ill while participating in a school sport, he/she may be taken to the South County Hospital emergency room or to the nearest hospital emergency room for appropriate emergency treatment to be started as indicated by the attending physician. I understand that while my child is being treated, every attempt will be made to contact me at home or work.

Date Signed

Signature of Parent/Guardian

Signature/Seal of Notary Public

Commission Expires

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IV: INSURANCE INFORMATION:

Please carefully read the information below and answer the questions that follow. If you do not have school insurance, you **MUST** complete and sign Section V. Some type of medical insurance coverage is required for all students participating in any R.I. Interscholastic Athletic Activity. For this reason school insurance is offered at a nominal cost to all. For full coverage of expenses resulting from the examination, diagnosis, treatment and rehabilitation (if needed) of an injury resulting during an Interscholastic sports event, school insurance is absolutely essential. If you do not purchase school insurance, you should be aware of your policy deductible and limits on coverage for particular conditions. For example Blue Cross Blue Shield does not cover, in full, claims made for all injuries. Other HMO's have similar restrictions. **CHECK WITH YOUR INSURANCE CARRIER BEFORE YOU FIND YOURSELF IN NEED OF HELP.**

If you decide **NOT** to purchase school insurance and your medical insurance carrier does not pay the entire bill, any claim made to the Rhode Island Interscholastic League Injury Fund carries a \$100.00 deductible. If you do submit a claim for an injury, remember to be prompt. Claims should be submitted within 60 days of the doctor's visit. Failure to do so may result in non-payment of the claim.

PLEASE ANSWER THESE QUESTIONS:

Health Insurance: _____

Company Name Policy # Name of Insured

Has school insurance been purchased this school year: Yes _____ No _____

If you answered **NO** to School Insurance you **MUST** complete and sign the following statement.

V: NARRAGANSETT HIGH SCHOOL - SCHOOL INSURANCE WAIVER

I AM FULLY COVERED BY MY OWN INSURANCE FOR ANY INJURY THAT MY CHILD MAY INCUR DURING THE TIME OF PARTICIPATION IN _____. I HAVE READ SECTION IV ABOVE AND UNDERSTAND THERE MAY BE LIMITS TO MY COVERAGE. I DO NOT WISH TO PURCHASE SCHOOL INSURANCE.

Date Signed

Signature of Parent/Guardian