

**Meridian High School (MHS)
Activity Insurance Questionnaire and Consent Form (IQ)
To Be Completed Yearly for Each Grade**

Sports: _____

PERSONAL HISTORY

Last Name _____ First Name _____ MI _____
 Home Phone _____ Birth Date _____ Gender M F Graduation Year _____
 Address _____ City _____ Zip _____
 Parent/Guardian Name _____ Day Phone _____
 Relation _____ Evening Phone _____
 Parent/Guardian Name _____ Day Phone _____
 Relation _____ Evening Phone _____
 In case of an Emergency (when parents cannot be contacted) notify:
 Name _____ Relation _____ Phone _____

INSURANCE INFORMATION

Is your athlete covered by a family health insurance policy? _____ Yes _____ No
 Primary Insurance Company _____ Insurance Subscriber _____
 Whose Name Is Policy Under? _____ Policy # _____ Group # _____ Do you wish to purchase
 school health insurance? _____ Yes _____ No
 * **MHS does not automatically provide coverage*** If YES is selected, a premium will be required prior to participation in any IHSSAA
 athletic activity. More information can be obtained from main office at 208-350-4235.

MEDICAL INFORMATION

Last Physical _____ Last Tetanus _____ Allergies _____
 Health Problems _____ Current Medications _____
 Family Doctor _____ Phone Number _____

Since the athlete's last physical examination, have they:

| | YES | NO | | YES | NO |
|---|-------|-------|------------------------------|-------|-------|
| 1) Had Surgery | _____ | _____ | 6) Had a Concussion | _____ | _____ |
| 2) Been Hospitalized | _____ | _____ | 7) Been Unconscious | _____ | _____ |
| 3) Been Under Physicians Care | _____ | _____ | 8) Had an Allergic Reaction | _____ | _____ |
| 4) Had Serious Illness | _____ | _____ | 9) Developed Health Problems | _____ | _____ |
| 5) Had Injury Requiring Physicians Care | _____ | _____ | | | |

Please explain any YES answers and give dates (use back in needed)

CONCUSSION EDUCATION: To comply with Idaho concussion Law House Bill 632, please visit the following online sites for
 concussion recognition/management materials and resources. Initial in space provided when complete.

1. <http://legislature.idaho.gov/idstat/Title33/T33CH16SECT33-1625.htm> 2. <http://www.cdc.gov/Concussion/>
 3. <http://nfhslearn.com/electiveDetail.aspx?courseID=38000> I have read educational sites: _____

CONSENT FORM

- I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Meridian High School. This consent includes travel to and from athletic contests and practice sessions.
- I hereby give consent to the sports medicine department and/or coach to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Meridian High School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the sports medicine department and/or coach may secure emergency medical services, if needed as a result of an injury during participation in sanctioned practices/games scheduled my Meridian High School.

Signature of Parent/Guardian _____ **Date** _____

My participation in interscholastic athletics at Meridian High School in entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSSA and Meridian High School.

Signature of Athlete _____ **Date** _____

****Only Fill Out Section Below If Waiving All Insurance and Taking Full Responsibility For Athlete****

I _____, understand and accept any and all medical expenses that may be incurred due to possible injury(ies)
(Parent/Guardian)

Sustained while participating in a school sanctioned activity(ies). The following waiver will cover the _____ school year. My child will participate in the following sports during the above school year. Please list each sport in the spaces below:

1. _____ 2. _____ 3. _____

This includes all practices, travel and game situation during the entire year (from August 1st until July 31st of the following year). I also understand that some type of insurances (including school insurance) has been recommended/offered for my child and I have chosen not to purchase any type of insurance for my child at this time.

_____ Date _____ Date _____
 Student Athlete Signature Parent/Guardian Signature
 _____ Date _____ Date _____