

Please sign and return to the Lummi Nation School Office

I/we have read and understand the co-curricular rules, Concussion Information Sheet, and the Sudden Cardiac Arrest sheet located in the athletic packet of Lummi Nation School. I recognize the risk of injury in any activity of Lummi Nation School and agree to the rules set forth. This agreement shall be effective for the 2020/2021 school year.

Student-Athlete Name "Printed" _____

Student Athlete Signature _____ Date _____

Parent/Legal Guardian Name "Printed" _____

Parent/Legal Guardian Signature _____ Date _____

MEDICAL EMERGENCY AUTHORIZATION FORM

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND RETURNED TO SCHOOL

Name of Student Athlete _____

As the parent or Legal Guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of the injury. Every Effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

Parent/Guardian Signature _____ Date _____

Parents Home Phone _____ Business Phone _____

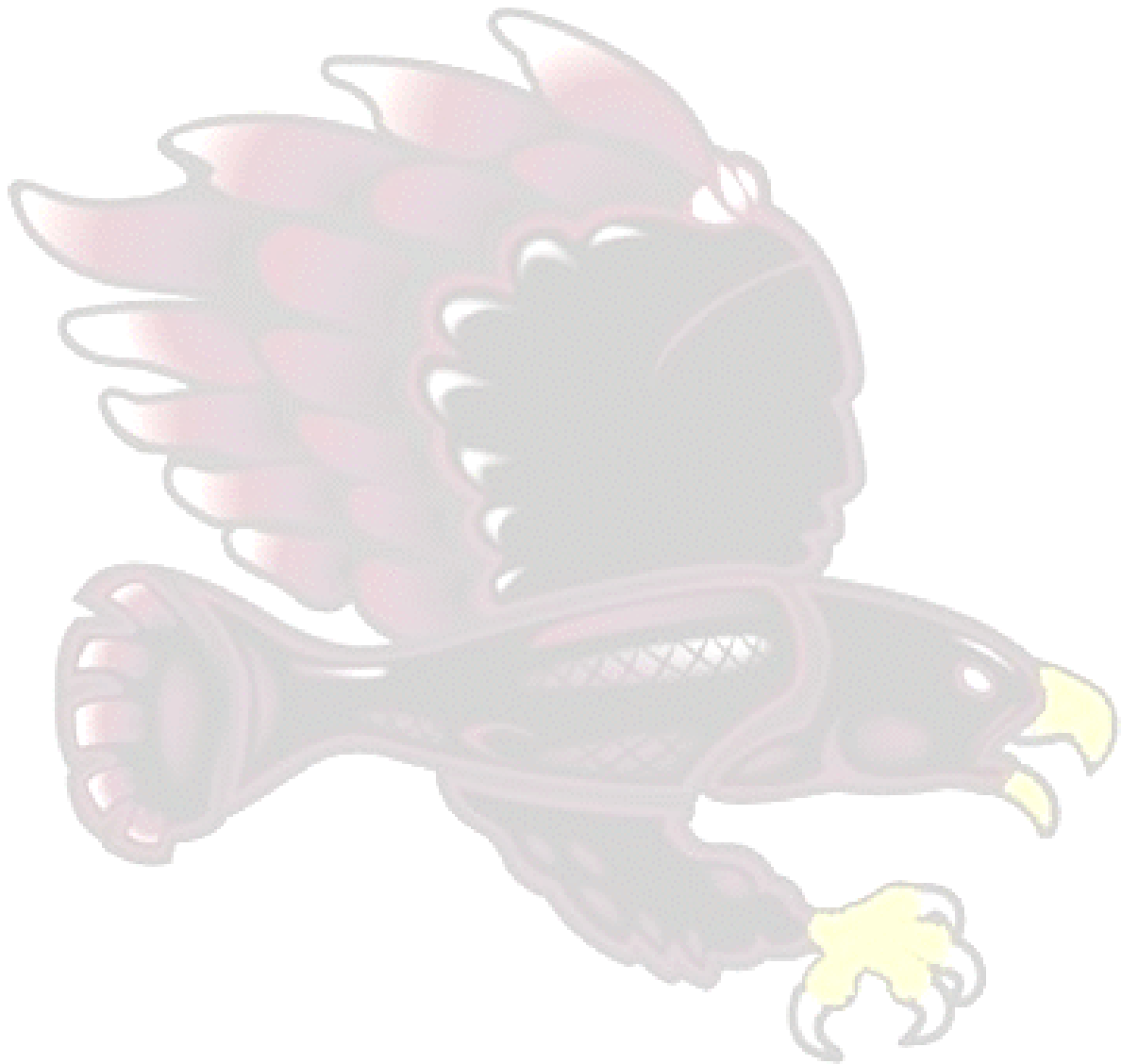
Emergency Contact Person

Name _____ Phone Number _____

Relationship of Contact Person _____

Family Physician's Name _____ Phone _____

Name of Family Insurance Company _____ Policy # _____



PLEASE DETACH AND RETURN