

## PARENTAL PERMISSION AND INSURANCE INFORMATION

As a parent or legal guardian of \_\_\_\_\_, I hereby give my consent for (his/her) practice, play, and travel necessary in intramural or intercollegiate athletic events at Dickinson State University.

I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

I agree to the need for screening and medical examinations and certify that the medical history is to the best of my knowledge.

The attending Certified Athletic Trainer or Physician is authorized to disclose information regarding any injuries I might receive during the course of the season, as well as my general fitness to play, to my coach or any designated member of the athletic staff.

### PARENT/GUARDIAN ADDRESS (Please Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
In case of emergency call: \_\_\_\_\_  
Bus. Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### PARENT/GUARDIAN OR STUDENT INSURANCE INFORMATION (Please Print)

Name of Policy Holder that the student is covered under \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Address of Insurance Company \_\_\_\_\_  
if State HMO - List Primary Physician \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Insurance Company Phone Number \_\_\_\_\_  
Birth Date of Policy Holder \_\_\_\_\_  
SSN of Policy Holder \_\_\_\_\_  
Family Physician \_\_\_\_\_

I have read and signed Dickinson State University's Accident-Illness Policy & Assumption of Risk Statement, Parental Permission and Insurance Information Form, and I understand and agree to their conditions.

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE THE STUDENT/ATHLETE WILL BE PERMITTED TO PRACTICE OR PLAY**

updated 4/2/03

**(OVER)**