



# INSURANCE QUESTIONNAIRE

## Mountain View High School

To be filled out by all students.

Please circle 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> Grade

Date \_\_\_\_\_

Please Print!!

\_\_\_\_\_ Male/Female \_\_\_\_\_  
Last Name First Middle (circle one) Phone #

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Graduation year \_\_\_\_\_

\*\* In case of an emergency and the parents cannot be contacted please notify:

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Since his/her last athletic physical examination, has this student:

	YES	NO
(1) Had surgery	_____	_____
(2) Been hospitalized	_____	_____
(3) Been under a physician's care	_____	_____
(4) Had a serious illness	_____	_____
(5) Had an injury requiring a physician's care	_____	_____
(6) Been rendered unconscious	_____	_____
(7) Started taking any new medications	_____	_____
(8) Developed any new drug allergies	_____	_____
(9) Developed any health problems	_____	_____

(Please explain all **yes** answers below)

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**All students must have proof of insurance and a current physical in order to participate in High School Athletics.**

Date of last physical \_\_\_\_\_

Is your child covered by a family health insurance policy? \_\_\_ Yes \_\_\_ No \_\_\_

If No, is school health insurance needed: \_\_\_ Yes \_\_\_ No

A premium charge will be required prior to participation in any IHSAA athletic activity. More information may be obtained from the local school district or athletic director at Mountain View High School.

Primary Insurance Company \_\_\_\_\_ Insurance Subscriber \_\_\_\_\_

Whose name is the policy under? \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

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### CONSENT FORM

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

SIGNATURE OF \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN

My participation in interscholastic athletics for the above school is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

SIGNATURE OF \_\_\_\_\_ DATE \_\_\_\_\_  
STUDENT