



2017-2018 MULTIPLE SPORT ATHLETE FORM

***This form is to be completed by all coaches after a packet has been submitted under a different sport**

School name: _____

Student name: _____

Sport: _____

I, _____, certify that I have verified the student athletic folder of _____ includes all the following required documents:

- Official Transcript/Grades
- Legal/Acceptable/Proof of Birth
- LHSAA Medical History Evaluation
- LHSAA Participation/Permission Form
- LHSAA Substance Abuse/Misuse Contract and Consent Form
- LHSAA Assurance Form for SPED Student (if applicable)
- CPSB Drug Policy for Athletes
- CPSB Authorization of Treatment and Waiver of Liability
- CPSB Informed Consent - Football Only (if applicable)
- Act 314 Concussion Statement
- Act 352 Risk of Serious Injury

I have distributed and received the following completed forms (these cannot be copied from the student athletic folder):

- Insurance Statement
- Copy of Insurance or Medicaid Card
- Personal Information

Signed:

Coach

Date

Building Foundations for the Future

CALCASIEU PARISH SCHOOL BOARD

3310 Broad Street
Lake Charles, Louisiana

Insurance Statement Form

Student's Name: _____

Parent/Guardian's Name: _____

I, the undersigned parent or guardian, give my child permission to participate in all school sponsored athletics. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating in school sponsored athletics. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during school sponsored athletics. I certify that my child is protected for medical expenses resulting from injury through the coverage noted, and I agree to maintain coverage for my child for injury throughout participation in school sponsored athletics. If my child changes or loses coverage while participating in school sponsored athletics, I will immediately alert the Calcasieu Parish School Board. I acknowledge that my child will not be allowed to participate until coverage is reinstated. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in school sponsored athletics.

_____ My child is covered for medical expenses that might result from injury during school sponsored athletics as follows:

_____ Private Insurance (Proof of coverage attached)

_____ I acknowledge that I can purchase K&K Student Accident Insurance Policy to supplement any unpaid portion of a student accident claim such as deductible or out-of-pocket expenses that are remaining after filing with my private insurance.

_____ Medicaid (Proof of coverage attached)

_____ My child is not covered for medical expenses that might result from injury during school sponsored athletics and I wish to enroll my child in K&K Student Accident Insurance Policy. (See enclosed brochure and attach proof of coverage).

SIGNED: Parent or Guardian: _____

Date: _____

Student Athlete: _____

Date: _____

PERSONAL INFORMATION SHEET

One copy will stay on file at the school site, and a second copy will be used when traveling

Athlete Information:

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ SEX: _____ AGE: _____

PHONE NUMBER: _____ FAMILY DOCTOR: _____

EMERGENCY CONTACT (RELATION AND PHONE #): _____

CPSB ID#: _____ CURRENT MEDICATIONS: _____

ALLERGIES? / ASTHMA? / DIABETES?: _____

RESPONSIBLE PARTY OF ATHLETE:

NAME: _____ RELATION: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ PHONE NUMBER: _____

PHONE NUMBER: _____ FAMILY DOCTOR: _____

EMPLOYER: _____ WORK PHONE NUMBER: _____

ADDRESS: _____

MEDICAL INSURANCE:

PRIMARY INSURANCE:

INSURED'S NAME: _____ EMPLOYER: _____

GROUP #: _____ POLICY #: _____

SECONDARY INSURANCE:

INSURED'S NAME: _____ EMPLOYER: _____

GROUP #: _____ POLICY #: _____

Should my son/daughter require emergency service during a supervised extra-curricular event when I am not present, I give permission to the CPSB personnel on-site to file a claim for such services with the above health care insurer.

 Parental Signature Date

This form will be filed as permanent record in the athlete's folder.
 Please notify the school's athletic department of changes to insurance policies.

SCHOOLS MUST MAKE A SECOND COPY OF THIS FORM FOR TRAVEL