

ENUMCLAW MIDDLE SCHOOL Athletic/Activity Clearance – “Blue Card”

Sport/Activity: _____

(Parent/Guardian note: This information is necessary in the event injury occurs while away from school or outside regular school hours. Please fill out completely and be as specific as possible).

STUDENT NAME _____ GRADE _____ SEX _____

HOME ADDRESS _____ PHONE _____

NAME OF PARENT/GUARDIAN _____ WK. PHONE _____

EMERGENCY CONTACT _____ PHONE _____

DOCTOR _____ PHONE _____

HOSPITAL _____ PHONE _____

Indicate any history of allergies, injuries, heart or other medical problems: _____

Medical insurance is required while participating in school-sponsored athletics/activities.

- I have adequate coverage with (name of medical insurance company) _____
- I do not have adequate coverage and wish to enroll my student in the school-time accident insurance program offered by the school district. I understand that my student can participate when the pink verification form is signed by me and returned to the school.
- Custody or restraining issues applying to your child.

I UNDERSTAND that the white physical card must be completed, signed and returned to the office before participation can begin. A completed Clearance Card is required for each sport/activity.

Parent/Guardian Signature

Date

Student Signature