

Rider Name: \_\_\_\_\_

#### **PARENT'S CONSENT FOR MEDICAL TREATMENT**

In case of emergency due to an injury or accident when I cannot be contacted, I hereby authorize school personnel to arrange for any medical assistance and paramedic transportation.

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

I have read and understand that the West Contra Costa Unified School District **“does not”** pay for accident injuries to students, however, does offer student accident insurance for voluntary purchase. **Athletes must be covered by an insurance policy for medical and hospital expensed Ed. C 3221. I understand that all emergency and/or medical costs are my responsibility and if insurance coverage changes or is cancelled for my child, I will notify the Athletic Director/Coach at the school immediately.**

---

SIGNATURE OF PARENT OR GUARDIAN

DATE

WORK PHONE

---

#### **MEDICAL – HOSPITAL COVERAGE**

---

NAME OF INSURANCE COMPANY OR PLAN

POLICY NUMBER

---

SIGNATURE OF PARENT OR GUARDIAN

---

DATE

**In case the family insurance does not meet the minimum requirements of \$1,500 medical-Hospital coverage, Interscholastic Tackle football Endorsement Insurance is available from Myers-Stevens Insurance Company through the West Contra Costa Unified School District. Three benefit plans are available: (Low Option - \$143) (Mid Option - \$175) (High Option \$280).**

**A check or money order payable to WCCUSD or West Contra Costa Unified School District must accompany the (RED & WHITE) Tackle Football Student Insurance Application available from the football coach. The completed application and check must be sent to: Risk Manager at the Administration Building. Athletes may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs, however, Parents/Students must follow and obtain information about these programs by calling: (800) 880-5305**