

CLOVIS UNITED MEDICAL RELEASE FORM 20-21

Contact Information (please print)

Student's Name: _____ Age: _____ Grade: _____ DOB: _____

Parent's Name: _____ Phone: _____ Cell: _____

Address: _____ Zip: _____

Communication E-Mail: _____

INSURANCE: I/We the parent(s) of the above named student, understand that CUSD will not provide insurance for the United Pep & Cheer program and/or workshops. I/We assume full financial responsibility for medical cost should injury occur. If an emergency should arise which required immediate attention and I/We as parent(s) or Guardian cannot be contacted, the CUSD staff is authorized to take whatever steps are necessary to protect the health of My/Our child.

Parent Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Communication Email: _____

Insurance Information (please print)

Student's Name: _____

Mother's

Name: _____ Phone: _____ Work: _____ Cell: _____

Father's

Name: _____ Phone: _____ Work: _____ Cell: _____

Neighbor/Relative

Name: _____ Phone: _____ Work: _____ Cell: _____

Neighbor/Relative

Name: _____ Phone: _____ Work: _____ Cell: _____

Family Doctor: _____ Phone: _____

My child has the following health conditions: _____

Explain: _____
