



20__-20__ 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, Coach _____, certify that I have verified the student athletic folder of _____ (athlete's name) includes all the following required documents:

- Official Transcript/Grades
- Legal/Acceptable/Proof of Birth
- LHSAA Medical History Evaluation (Form A Parts I & II)
- LHSAA Participation/Permission Form (Form B)
- LHSAA Substance Abuse/Misuse Contract and Consent Form (Form C)
- LHSAA Assurance Form for SPED Student (Form D, if applicable)
- CPSB Authorization of Treatment and Waiver of Liability (Form E)
- CPSB Insurance Statement Form (Form F)
- Act 314 Concussion Statement (Form H)
- Act 352 Risk of Serious Injury (Form I)

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

- Student/Athletic Insurance Statement (Form J)
- Copy of Insurance or Medicaid Card
- Personal Information

Signed:

Coach

Date

Building Foundations for the Future



Shannon LaFargue, PhD, Superintendent

Student/Athletic Accident Insurance

Dear Parent/Guardian,

As you are aware, health care costs can be very expensive. If a CPSB student is accidentally injured at school or participating in a school sponsored event, the cost for any medical treatment is the responsibility of the parent or guardian. Every student should have health insurance whether it is private insurance, employer sponsored, or a government program such as Medicaid. In an effort to ensure that our students are adequately protected in the event of an accident or injury, we are pleased to offer a voluntary student/athletic insurance plan to all CPSB students. This insurance is a secondary policy and is designed to help with the unpaid portion of a school accident claim such as deductible or out-of-pocket expenses that are left over after filing with your personal/primary insurance.

Any CPSB enrolled student who attends a CPSB school is eligible to purchase this voluntary accident coverage. There are two different plans that may be purchased:

School Time Accident Coverage

If coverage is elected and appropriate premium is received, this accident insurance provides coverage while the student is at school and while attending or participating in school sponsored events on or off school premises. You can cover your child for as little as \$38 per school year.

Includes:

- Travel to and from school
- Summer activities
- Class trips

24 Hour Accident Coverage

If coverage is elected and appropriate premium is received, this accident insurance provides 24 hour coverage. You can cover your child for as little as \$165.00 per year.

Includes:

- Weekends
- Vacation periods, including summer vacation
- Coverage at home or while away

Additional information and enrollment forms can be obtained by visiting www.StudentInsurance-kk.com

If you have any questions or would like to purchase a policy for your child, please contact Risk Management at 337-217-4240 Ext.3004.

I, _____ acknowledge that I have been made aware of the Student/Athletic Accident Insurance offered by Calcasieu Parish School Board and understand that I do have the option to purchase a student/athletic accident insurance policy for my child.

Parent/guardian signature

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 (parent/legal guardian) of Athlete:

NAME: _____ RELATION: _____
 ADDRESS: _____
 CITY/STATE: _____ ZIP: _____ PHONE NUMBER: _____
 PHONE NUMBER: _____ FAMILY DOCTOR: _____
 EMPLOYER: _____ WORK PHONE NUMBER: _____
 ADDRESS: _____

Medical Insurance Information:

PRIMARY INSURANCE PROVIDER: _____
 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.

Parent/Guardian 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 BINDERS.****