LIBERAL HIGH SCHOOL U.S.D. #480
STUDENT EMERGENCY CONTACT AND CONSENT FORM

Student Information
(Please Print Clearly In Ink)

Student Name_____ M / F (Circle One) Grade_____ Date of Birth_____

Home Address_____ City_____ State_____ Zip_____

Allergies or Other Medical Alerts/Conditions_____

_____

Parent/Guardian or Emergency Contact Information

Parent/Guardian_____ Home Phone_____ Cell Phone_____

Parent/Guardian_____ Home Phone_____ Cell Phone_____

Address (If different from Student)_____

City/State/Zip_____

Physician Information

Family Physician_____ Phone_____

Insurance Information

Primary Insurance	Secondary Insurance (If Applicable)
Insured's Name_____	Insured's Name_____
Company/Plan_____	Company/Plan_____
Mailing Address_____	Mailing Address_____
City/State/Zip_____	City/State/Zip_____
Telephone Number_____	Telephone Number_____
Certificate/Policy #_____	Certificate/Policy #_____
Group #_____	Group #_____
Is student covered under this policy?_____	Is student covered under this policy?_____

USD #480 acquires accidental injury insurance each year that covers all **in-season athletes**. This insurance is **secondary only**, meaning the student's health/accident insurance must be utilized before the school's policy will be considered. You must follow the rules of your policy as the school/district will not be liable for any charges due to violation of your policy rules. Injuries must be directly related to participation in an organized sport practice, competition or function. This insurance has a $25,000 cap. Additional catastrophic insurance can be applied for with KSHSAA for amounts exceeding $25,000.
If your son or daughter is injured and referred to a physician or requires emergency room services and you wish to utilize the school's secondary insurance you must notify the LHS Athletic Trainer within 24 hours or the next school day following the incident to file the appropriate claim form. Once complete, the paperwork will then be copied and given to you to submit to the provider of the medical services. **Please Note:** Liberal High School cannot determine what does and does not qualify for coverage nor can we guarantee 100% coverage of medical billing.

In case of accident, illness or emergency, in your absence, it is necessary for U.S.D. #480 officials to have your consent to treat your child.

By my signature, as the parent/guardian of this child, I agree that all information is complete to the best of my knowledge and I authorize officials of U.S.D. #480 to seek the appropriate and qualified medical treatment for my child in the case of accident, illness or emergency in my absence.

Parent/Guardian Signature_____ Date_____