



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT ATHLETICS
STUDENT-ATHLETE ELIGIBILITY PACKET – PARENT CONSENT

1108 Bissell Ave. Richmond, CA. 94804 510.231.1100

Student Last Name

Student First Name

School Year

High School

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.

Yes, I have read and understand that the West Contra Costa Unified School District does provide accident insurance with BMI Benefits, L.L.C. FAQ document and Benefits claim form can be found on the WCCUSD website.

MEDICAL COVERAGE/DOCTOR INFORMATION

INSURANCE PLAN NAME: POLICY NUMBER:

DOCTOR: PHONE: HOSPITAL:

PARENT'S CONSENT - TERMS AND POLICIES

I have reviewed and consent to the terms and policies in the following forms*:

- 1. Extracurricular & Athletic Program Agreement
2. Athletic Ejection Policy Notification Form
3. Agreement for Student-Athlete and Parent/Guardian Use of Steroids
4. Concussion Information Sheet
5. Student Media Consent and Release Form

Please check one for Student Media Consent & Release Form:

I hereby give permission for my child me/image to appear in any newspaper, television show (news or any type of educational program), or through the Internet (video, blog, article) originating from WCCUSD school activities. The appearance could include name, photo, video, and/or resemblance. I also grant permission for the WCCUSD to publish positive, educational content created by my child (blogs, pictures, videos, etc.).

I do not give permission for my child appear in any newspapers, television show, or through Internet materials originating from WCCUSD school activities.

Name of Parent/Guardian

Home Phone Number

Cell/Work Number

Signature of Parent/Guardian

Date

*Please review these forms with your student. You can also find these forms in English and Spanish for review on the District website under Departments > Forms >