



# Santa Barbara Unified School District

720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-963-1916  
www.sbsdk12.org

## FOOTBALL INSURANCE VERIFICATION To Be Completed if Tackle Football Coverage IS NOT Purchased

The California Education Code requires insurance coverage in the amount of at least \$1,500 for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team injured while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

Athletic team members are defined by the law to include any student who travels to and performs duties in connection with the team or athletic event.

I hereby verify that there is held on behalf of (*name of student*): \_\_\_\_\_, a student at (*name of school*): \_\_\_\_\_, an insurance policy in an amount equal to or greater than that required by the California Education Code Sections 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

My \$1,500 accidental bodily injury policy number is \_\_\_\_\_, which is issued by \_\_\_\_\_ Insurance Company (*not the agent*).

**NOTE: Your attention is directed to the fact that many insurance policies exclude tackle football. PLEASE READ YOUR POLICY. YOU MAY NEED ADDITIONAL INSURANCE.**

I also agree to indemnify and hold harmless the Santa Barbara School Districts from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above named student.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Address: \_\_\_\_\_

I do NOT want to purchase the SISC Tackle Football Coverage.

### MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN:

I, the undersigned being the parent or legal guardian of \_\_\_\_\_, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of the District Board of Education.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same.

Additionally, I agree to hold harmless such personnel and the Santa Barbara Districts Board of Education by my action of granting said permission.

\_\_\_\_\_  
Signature of Parent or Guardian

**NOTE: This form must be renewed each year.**

### RETURN FORM TO ATHLETIC DIRECTOR