STUDENT INSURANCE STATEMENT

During school hours at all school events and activities, including all athletic events, first aid shall be administered to an injured student by a representative of the school unless a physician or emergency medical personnel are present; in the latter case, the physician or emergency medical personnel will render first aid.

We understand that participation in school activities and events may result in illness or injury and students will not be allowed to participate in practices or competitions unless they have insurance coverage. We consent for communication between the athlete, parents, athletic director, the Orthopedic Institute of Wisconsin (OIW) and the Midwest Orthopedic Specialty Hospital (MOSH) representative(s) or any other healthcare provider to discuss any pertinent information regarding any current or previous medical conditions.

We further authorize the Martin Luther faculty or OIW/MOSH to take any necessary action as deemed appropriate in the event of any emergency medical situation. We further authorize emergency transportation to an Emergency Medical Facility (EMF) and for the EMF to treat the condition as deemed necessary. Parents will be notified of child's condition as soon as it is practical to do so. We also give permission for OIW/MOSH representative(s) to perform any necessary evaluative procedures and follow up treatment of injuries sustained through participation in athletics.

We understand that The Lutheran High School Association does not carry medical expense insurance for the benefit of any student who may be injured at school or while participating in a school-sponsored activity or event. Furthermore, we release The Lutheran High School Association from any liability and claims for injury or illness that may occur during participation that is related to the co-curricular activity.

We have read and understand the procedure described above for the treatment of a student who may be injured at any school event or activity. We consent to having our son/daughter participate in all school activities and events, including athletic events, at the high school under these conditions and authorize medical treatment of injuries incurred by our child according to the procedure described above.

If any injury occurs to a student during school hours at any school event or activity and the injury appears to be serious, the injured student will be conveyed by ambulance, if available, to a doctor, hospital, or clinic for treatment (if possible, to the doctor or hospital preferred by the student's parents/guardians). If the injury occurs off school premises at a school event or activity, and the injury appears to be serious, medical treatment will be provided as is reasonably available.

(Signature required on the reverse side of this form)

SPECIAL MEDICAL POWER OF ATTORNEY FOR TREATMENT OF A MINOR

Known by all men by these present that I, _____
(Name of Parent/Guardian)

of _____
(Address)

County of _____ State of Wisconsin, being the parent or legal guardian

of _____, a minor child, do hereby appoint Martin Luther High
(Student's Name)

School and its representatives as my true and lawful attorney(s)-in-fact for me and in my name, for the following purposes only: To authorize any physician or physicians (if possible, the physician chosen by the student's parents/guardians) to provide any necessary care to said minor child, to administer any treatment, to provide any medications, to administer such anesthetics and perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of said minor child as a patient. Giving and granting unto my said attorney-in-fact full power and authority to do and perform all and every act, deed, matter, and thing whatsoever that may be necessary or incident to the performance and execution of powers herein expressly granted, as fully and effectually to all intents and purposes as I, myself, could do if I were present. The expenses for said medical services are payable by me (and my spouse, if applicable) and our insurance carriers and are not the obligation of Martin Luther High School. This power of attorney shall continue in force and effect through the _____ school year.
(current school year)

I have read and consent to this Student Insurance Statement and Medical Power of Attorney.

Signature: _____ **Date:** _____

Student Name: _____ Birth Date: _____ Grade: _____

Home Address: _____

City: _____ State _____ Zip: _____ Home Phone: _____

Student Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other: _____

Father's Name: _____ Mother's Name: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Work #: _____ Mother's Work #: _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACT: If parents/guardians cannot be reached due to an emergency situation, please contact the following.

Name	Relationship	Phone #	Location (work,home,etc)
Name	Relationship	Phone #	Location (work,home,etc)

_____ _____
Physician Physician Phone Dentist Dentist Phone

Health Insurance Company _____

Policy Holder _____ Member ID# _____

Policy # _____ Group # _____

Medical Concerns: _____

Allergies _____

Medications _____