

CANEY VALLEY SCHOOL

P.O. Box 410 • Ramona, Oklahoma 74061 • (918) 536-2500

Dear Parent or Guardian,

"No student shall be eligible to represent his/her school in athletics until there is on file with the principal a physical examination and parental consent certificate. The form used shall contain the information on the standard OSSAA form. Other forms may be utilized, by the physician, physician's assistant, or the advanced practice nurse, if the information contained is compliant with the information on the OSSAA form. Any other information, depicting the athlete's previous history, can be added to this form for the purpose of clearance for athletic participation. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations. If you have questions concerning the qualifications or the insurance coverage of a healthcare practitioner offering to give examinations, it is suggested that you check with your school district attorney for an opinion. Physical examinations are required for students each year. All physicals given for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular sport. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation." (O.S.S.A.A. Rule 1, Section 2)

Also, the school system is NOT financially responsible for the cost of any accidental injury occurring as a result of participation in school athletics or during other school activities.

A special accident insurance policy is made available should you wish to purchase it. The insurance policy is offered for your convenience. Neither the school nor any school official is compensated in any way by the insurance company.

This insurance will help to pay for charges received due to treatment in a doctor's office, emergency room, or hospital. Chiropractors and dentists also qualify for specified benefits.

If you are interested in school insurance, contact a school administrator. If you have no insurance, this should be seriously considered.

_____ We have adequate health insurance. Name of policy _____

_____ Policy No. _____

_____ We wish to purchase the accident insurance policy

_____ We realize the school is not financially responsible for the cost of any accidental injury occurring as a result of athletics, but prefer not to participate in any insurance protection plan at this time.

Student Name _____

Parent Signature _____

Date _____