

STUDENT NAME: _____

The following permission and verifications must be signed by the parent/guardian of the student.

PARENT/GUARDIAN PERMIT: I give my permission for my son/daughter to participate in organized school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

LIABILITY WAIVER: I understand that legally the school district has no financial responsibility if accidents occur to students while taking part in athletics.

INSURANCE COVERAGE: This is to certify that my son or daughter is covered by health and accident insurance.

NAME OF INSURANCE COMPANY: _____

Policy Number: _____

Check here if purchasing student activity insurance through school: _____

CONSENT FOR EMERGENCY CARE:

Be it known that I, the undersigned parent/guardian of the above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital, may be rendered, on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

It is further understood that any expenses incurred will be paid for by insurance or parent/guardian of the student. Payment of expenses is not a school responsibility.

Parent/Guardian Signature

Home Phone Number **Work Phone Number**

Family Physician **Hospital**