

Student's Name _____

Today's Date _____

Parent(s)/Guardian(s) _____

Student's D.O.B. _____

Street Address _____

Student's Grade _____

INSURANCE SIGN-OFF FORM

Any student participating in extracurricular athletics must be covered under a health and accident insurance policy. Please check the appropriate box below and provide the necessary information where applicable.

- The student is not currently covered under a health and accident policy. The student and/or parent(s)/guardian(s) may purchase a policy through a company contracted with the school. (Call the high school for additional information.)
- The student is currently covered under a health and accident policy.

Name of Insurance Company

Parent/Guardian's Signature

Name of Insurance Company Agent

Date

MEDICAL AUTHORIZATION FORM

TO WHOM IT MAY CONCERN: In the event reasonable attempts to contact me at the locations listed below have been unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize (1) the treatment by a qualified and licensed medical doctor of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed; and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

	Father/Guardian's Name:	Mother/Guardian's Name:	Emergency Contact (specify):
Home Phone			
Work Phone			
Cell Phone			

Parent/Guardian's Signature

Date

Please list any specific medical allergies, medicines, or other conditions:
