

# RELEASE FOR EMERGENCY TREATMENT FOR SCHOOL STUDENTS/SPORTS RELATED ACTIVITIES

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I, \_\_\_\_\_

PARENT/GUARDIAN OF \_\_\_\_\_ Hereby authorize Emergency Room treatment for My child/student. I understand that I can not always be reached in case of an emergency, and I do grant a hospital, ER Physician on duty ( or Physician requested will be called), Paramedics, or Trainers to go ahead with the treatment that is deemed necessary. I also understand that the Emergency Room Clerk will try to get in touch with me the moment my child is brought into the Emergency Room.

Emergency Phone #: \_\_\_\_\_

<b>STUDENT'S NAME</b>	<b>AGE:</b>	<b>DATE OF BIRTH</b>
<b>SS#(OR PARENT'S SS#)</b>	<b>HOME PHONE:</b>	
<b>Home Address:</b>		
<b>PARENT(S) OR GUARDIAN:</b>		
<b>PARENT'S EMPLOYER:</b>	<b>ADDRESS:</b>	
<b>INSURANCE INFORMATION</b>		
<b>INSURED:</b>		
<b>NAME OF INSURANCE COMPANY:</b>		
<b>POLICY NUMBER:</b>		
<b>ADDRESS TO MAIL CLAIM: (USUALLY FOUND ON INS. CARD, OR GIVE EMPLOYERS ADDRESS)</b>		
<b>ADDITIONAL EMERGENCY PHONE NUMBERS</b>		
<b>NAME:</b>	<b>PHONE NUMBER:</b>	<b>RELATIONSHIP:</b>
<b>NAME:</b>	<b>PHONE NUMBER:</b>	<b>RELATIONSHIP:</b>

**I Understand that this release only covers the dates listed below:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FLOYD COUNTY SCHOOL SYSTEM  
ATHLETIC PERMISSION FORM**

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I hereby give permission for my son/daughter/ward, \_\_\_\_\_, Participate in the interscholastic athletic program at Coosa High School, from the \_\_\_\_\_ day of \_\_\_\_\_, until the \_\_\_\_\_ day of \_\_\_\_\_.

It is understood by me that neither the Floyd County School System nor the school carries liability or medical pay insurance which covers participation in the athletic Program, nor may school funds be used to pay for medical treatment for personal injuries sustained while participating in such athletic programs or events or while on trips in connection therewith. It is further understood that will, and do assume full responsibility for all medical treatment that the above named student need or require for such injuries.

I hereby release and agree to indemnify and hold harmless the Floyd County School System and the above named school, its agents, servants, and employees from all and for all claims and damages on account of injuries, medical expenses and damages of whatever kind which may be sustained by me or said student on account of any injury resulting from or in any way related to participation in such activities.

I certify that I have insurance which provides adequate medical coverage for said student with \_\_\_\_\_ policy number \_\_\_\_\_.  
(Name of Company)

I agree to inform the principal of the school in the event that such medical coverage for said student should for any reason cease to be in effect for and during the terms stated above.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR LEGAL CUSTODIAN)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(TELEPHONE NUMBER)