

AUTHORIZATION

By our signature below, we understand the risk involved in middle school athletic participation and verify that my/our child is covered by a current accident and/or health insurance policy. I/We further grant to the school authorities my/our permission to act on my/our behalf in securing medical attention in case of any medical emergency. I/we also understand my/our responsibility for any cost involved for medical attention.

I/We further verify that my/our child is covered under the following insurance policy.

(PLEASE PRINT)

Parent Name _____

Insurance Company Name _____

Address of Company _____

Policy Number _____

Name of Student Insured _____

Insured Social Security Number _____

Home Phone Number _____

I/We hereby acknowledge that I/We have read, understood, and completed this document with a full and complete understanding of its terms and the information contained herein is true and correct. I/We give permission for my/our student to travel on any Coweta County School System vehicle as a member of an extracurricular activity on any of its local or out of town trips.

By signing this Authorization, I/We waive any and all liability which the Board of Education of Coweta County or any employee of said Board may have for any injury to my/our student while participating in said activity or during the course of a trip, my/our student will be subject to the policies, rules, and regulations of the school and Coweta County Board of Education.

Signed this ____ day of the month of _____, 20__

(parent(s) guardian(s) signature

*Madras Middle School
Home of the Eagles*