
 LAST NAME FIRST MIDDLE SCHOOL YEAR

EMERGENCY MEDICAL TREATMENT INFORMATION

STUDENTS NAME	DATE OF BIRTH	AGE:
PARENT/GUARDIAN NAME	HOME PHONE NUMBER	PARENT/GUARDIAN WORK NUMBER
FAMILY PHYSICIAN	PHYSICIAN'S PHONE NUMBER	
SPECIAL MEDICAL CONDITIONS OF STUDENT:	STUDENT IS ALLERGIC TO:	

PERMISSION FOR MEDICAL TREATMENT

I/We grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for _____ in case of any medical emergency while participating in said activity. The local emergency facilities have my/our permission to treat _____ for any illness/injury that occurs while participating in said activity wherever conducted. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We further verify that _____ is covered under the following insurance policy:

Name of Insurance Company:	
Policy No.	
Named Insured:	
Persons Covered:	
Policy Expiration Date:	

PARENT'S SIGNATURE: _____

EXTRA-CURRICULAR AUTHORIZATION FORM

I/We desiring that _____ participate fully in various interscholastic and extra-curricular activities available through the Coweta County School System hereby authorize and grant my/our permission for _____ to participate in the following extra-curricular activities. I/We realize that such activities involve the potential for injury, which is inherent in all extra-curricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/we have read and understand this warning and I/we hereby give my/our permission for _____ to participate in **ALL SPORTS** and verify that he/she is covered by a current accident and/or health insurance policy.

INJURY AWARENESS FORM

I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the following student:

STUDENT'S NAME _____ GRADE _____

I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT'S NAME _____ GRADE _____

I/We hereby acknowledge that I/We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

This _____ day of _____, 20_____.

PARENT(S) / GUARDIAN(S) SIGNATURE: _____ **DATE** _____