

Name of Student Athlete _____

Indian Creek Middle School

Parental Consent, Insurance, & Medical Authorization

I. Parental Consent for Athletic Participation

Warning: Although participation in interscholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs, it is possible only to minimize not eliminate the risk.

Participants can, and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission you acknowledge that you have read and understand this warning. **PARENTS AND STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for _____ to :

1. To compete in interscholastic athletics at Indian Creek Middle School of the Newton County School System.
2. To accompany school team of which the student is a member on any of its local or out of town trips.
3. And I hereby verify that the information contained in this form is accurate.

II .Insurance Information

Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the 2014-2015 school year.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries while participating in interscholastic athletics(including but not limited to, tackle football).

Company _____ Name of Insured _____

Policy# _____ Group # _____

_____ I wish to purchase the insurance program provided by the school (A copy of the benefit plan should be stapled to this form)

III Medical Authorization.

In the event I cannot be reached immediately by telephone at the numbers shown below in an emergency situation (as defined by Georgia law) or under circumstances where a duly licensed physician suggest, recommends or prescribes the administration of surgical or medical treatment or procedure reasonably necessary or advisable to protect or safeguard the health of the child named above I hereby authorize :

(Name of Coach/ Adult in Charge) _____

or such other adult as may be temporarily responsible for the supervision, safety or welfare of the child named above to consent, either orally or otherwise, to the administration of surgical or medical treatment or procedures.

I further certify that I am the parent, or if no parent is available, the grandparent, or the guardian of the child named above and that I not now , nor have I ever been adjudicated incompetent in any court of law.

Signature of Parent/Guardian _____ Date _____

Home # _____ Work # _____ Cell # _____