

MEDICAL TREATMENT RELEASE FORM
JAMES ISLAND CHARTER HIGH SCHOOL

Charleston County has a mandatory insurance program for students participating in any kind of school sponsored sport, including: Baseball, Basketball, Cheerleading, Football, Golf, Soccer, Swimming, Tennis, Volleyball, Track, etc. The premium must be paid (once) at the beginning of the sport season and covers the athlete for the entire SCHOOL year. The premium for all sports insurance coverage is as follows:

Grade Levels

7 – 12

Premium

\$50.00

Pay by cash/check OR Pay online!!

MAKE CHECKS PAYABLE TO: JAMES ISLAND CHARTER HIGH SCHOOL

****Make sure your PHONE NUMBER is ON the check****

As parent/guardian of _____ (name of athlete), of Charleston County School District, we hereby give our consent for the coaches, trainers, or other staff members to administer first aid or obtain medical aid, to transport to an emergency care facility, or call an ambulance and to have the athlete admitted to the hospital if the parents/guardian cannot be reached. We further give consent for the hospital officials or the doctor in charge to take any action necessary to provide the best immediate acute care possible for our son/daughter until such time as we are in contact with the medical officials.

PLEASE CHECK YOUR PAYMENT METHOD:

CASH/CHECK

ONLINE

****Online Payment Option (jichs.ccsdschools.com)****

Click on the "RevTrack" link on the right-hand side of the school webpage.

DATE _____ SIGNATURE OF PARENT/GUARDIAN: _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____

STUDENT'S SOCIAL SECURITY NUMBER _____

INSURANCE COMPANY OTHER THAN
SCHOOL INSURANCE _____

POLICY NUMBER _____

All Sports Plan for South Carolina Athletic Programs:

Plan Administrator

Preferred Health Alliance

P.O. Box 382048

Birmingham, AL 35238-2048

1-888-283-3515