

Emergency Medical Permit & Activities Participation: PARENTAL CONSENT ACJSHS 2018-2019

Insurance is required for your child to participate in any extracurricular school activities.

ACJSHS is not liable for any accidents which may occur during these activities.

**Before your son or daughter participates in any sport at ACJSHS, it is important that you and your child are warned and informed of the risks involved.

**Contact sports and non-contact alike have the potential of injury – whether it be a flying tackle or a flying golf ball.

Student Name: _____ Grade: _____

_____ Will participate in extracurricular school activities.

_____ Will not participate in extracurricular school activities.

PROOF OF INSURANCE

Student Assurance Insurance forms can be picked up at the school office.

Insurance Co: _____ Policy #: _____

Family Physician: _____ Phone #: _____

Please give the name, home and work phone # of someone that can be contacted in case of an emergency and you are unable to be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

*****I, being the parent/guardian of the above named student, agree to permit this student to engage in extracurricular (field trips, sports) at Anderson County Jr/Sr High School. I also give permission to authorized school representatives to act in my absence (until I can be reached) to authorize members of the medical profession to treat injuries in the activity sponsored by the school.***

Parent/Guardian Signature (captured electronically): _____

Home Phone #: _____

Other Phone #: _____

Date/Time signed: _____

Computer Signature (IP address): _____