

STUDENT ILLNESS/ACCIDENT FORM – ATHLETIC/ACTIVITY RELEASE

Student's Printed Name

By my signature below, I, the parent/guardian of the above named student, having consented to his/her participation in the athletic/activity program of Smackover High School, grant permission for authorized personnel of the Smackover Athletic Department, administration, or nursing office to seek emergency medical attention for my child should the need arise while my child is participating in any athletic practice, game, or traveling to or from athletic activities. I understand that neither the school nor its agents will be financially responsible for any expenses* incurred as a result of such emergency medical treatment. I further understand that the school or its agents will make every effort to contact me or the emergency contact person of record as soon as possible following this emergency episode that I can assume responsibility for my child's medical care as quickly as possible.

This form is valid, unless revoked by me in writing, for the entire _____ school year.

Printed parent's name

Parent's signature

Date

Please provide the following information which will enable the school or its agents to make informed decisions regarding the handling of emergency situations in regard to your child should the occasion arise.

Name of physician of choice _____

Hospital preference _____

Your private insurance carrier _____

Group number _____ Policy number _____

Your home phone number _____ Emergency phone number _____

Emergency contact person other than yourself – give phone number

*While the school provides insurance coverage for students participating in extracurricular activities, this insurance is secondary to your private insurance and will pay only after your insurance has met its obligations.

Date filed (to be filled in by school personnel)

School Year 2013-2014