

**North Powder School District 8J**   
**Permission to Participate and Insurance Verification**

PERMISSION TO PARTICIPATE

I give consent for \_\_\_\_\_ to participate in \_\_\_\_\_ activity at Powder Valley Schools and to go with the chaperone for this event. In the event of injury, I authorize the qualified personnel to seek professional medical treatment.

Emergency contact numbers (and names) \_\_\_\_\_ (\_\_\_\_\_)  
\_\_\_\_\_ (\_\_\_\_\_)

Family physician and phone number \_\_\_\_\_

In addition, we have also read and understand the substance abuse and eligibility policies from the student handbook.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

INSURANCE VERIFICATION

All students participating in events should be covered by an insurance carrier. Private carriers are certainly acceptable and need to be listed below. You may also purchase a school offered plan.

Should I choose not to have insurance, I understand that I will be responsible for all costs related to any treatment my child may incur.

This is to verify that the above mentioned child is covered by insurance. That information is:

Name of Company \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_

We do not carry private insurance, but would like to purchase it through the school offered plan.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date