



**BRAVES BOOSTER CLUB
MEDICAL AND INSURANCE VERIFICATION FOR SPORTS PARTICIPATION**

It is the School Board Policy that any student who participates in intramural or interscholastic sports must have school insurance or provide proof that she/he is covered by some type of medical insurance.

We, the parents/guardians of _____ have insurance with

(name of company) _____ (policy number) _____
that will pay the medical and surgical expenses that result from injury, major or minor, that the above named student may receive as a result of practicing or performing in athletics at this school. The insurance will also cover the above named student while traveling to or from practice sessions or scheduled events.

Since we, the parents/guardians of the above named student, have an insurance policy which will provide adequate financial coverage for any type of injury or injuries or whatever might result there from, we the parents/guardians, agree to release this School District's personnel from any obligation as pertains to financial responsibility in these matters for the school year or period of time thereafter.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

** Parents/Guardians are to notify the school in case an insurance policy is changed during participation in athletics by the above named student athlete.

MEDICAL AUTHORIZATION

Participant's Name: _____

I, _____, (guardian's name) give permission to Braves Booster Club and Shabbona School to obtain medical attention as listed by me on my child's school registration form. Special medical concerns/allergies for my child are as follows:

My child requires use of a(n) _____ Inhaler _____ Epi pen _____ Other: _____ Revised 6/19