

Date of Physical Expiration _____

**Ola Middle School
Proof of Insurance/Parental Consent**

PARENTAL CONSENT, AUTHORIZATION, and INSURANCE INFORMATION

Although participation in supervised interscholastic activities may be one of the least hazardous in which your son/daughter will engage in or out of school, by its nature, participation in such activities includes a risk of injury which may range in severity from minor to long-term catastrophic, including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury by obeying all safety rules, reporting all physical problems to appropriate school personnel, following a conditioning program and inspecting equipment daily.

By signing below, I certify all information contained in this form is complete and accurate. I also certify that my child may compete in middle school athletics in Henry County Schools, to accompany any school team of which the student is a member on any local or out-of-town trips and that providing any false information could result in my son/daughter being declared ineligible.

I also understand that this medical evaluation is only to determine fitness for athletic and is not to take the place of regular medical examinations. In case of emergency or accident on the school grounds or during any school activity involving my child, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission also, to said physicians, to treat said condition unless I am presented and request otherwise or until I later request otherwise.

Please initial one of the following statements regarding insurance coverage for your son/daughter, provide the necessary information and sign below.

_____ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in interscholastic athletics.

_____ I wish to purchase school insurance that will cover my child for athletics at Ola Middle School.

Name of Athlete _____

Company Providing Insurance _____

Name of Insured _____

Policy Number _____

Parent Signature _____ Emergency Contact # _____

Any Known Medical Conditions, Allergies, or other important health information:

