

\_\_\_\_\_  
 LAST (Student's Name) FIRST MIDDLE SCHOOL YEAR

EMERGENCY MEDICAL TREATMENT INFORMATION

STUDENT'S NAME:	DATE OF BIRTH:	AGE:
PARENT/GUARDIAN NAME:	HOME PHONE NO:	PARENT/GUARDIAN WORK NO:
FAMILY PHYSICIAN:	PHYSICIAN NUMBER:	
SPECIAL MEDICAL CONDITIONS OF STUDENT:	STUDENTS IS ALLERGIC TO:	

PERMISSION FOR MEDICAL TREATMENT

I/WE grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for \_\_\_\_\_ in case of any medical emergency while participating in said activity. The local emergency facilities have my/our permission to treat \_\_\_\_\_ for any illness/injury that occurs while participating in said activity wherever conducted. I/We also understand that I/We are totally responsible for any costs incurred for medical attention.

I/We further verify that \_\_\_\_\_ is covered under the following insurance policy:

Name of Insurance Company:	
Policy Number:	
Named Insured:	
Persons Covered:	
Policy Expiration Date:	

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_

**\*\* Please continue on the back of this form. \*\***

**EXTRACURRICULAR AUTHORIZATION FORM**

I/We desiring that \_\_\_\_\_ participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for \_\_\_\_\_ to participate in the following extracurricular activities. I/We realize that such activities involve the potential for injury which is inherent in all extracurricular or sporting events. I/We hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment, and the requirement of strict observance of all rules, injuries are still possible. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/We have read and understand this warning and We hereby give my/our permission for \_\_\_\_\_ to participate in \_\_\_\_\_ and verify that he/she has adequate coverage of current accident and/or health insurance policy. This shall constitute the affidavit referenced in Board Policy JGA

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_  
**(MUST BE SIGNED IN FRONT OF A NOTARY)**

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**INJURY AWARENESS FORM**

*(Check one only)*

- \_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for the student named above.
- \_\_\_\_ I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities for another son/daughter at a previous time.

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I/We hereby acknowledge that I/We have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to accompany any school team of which the student is a member on any of its local or out of town trips.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_