

Registrations will not be accepted unless form is signed.

Type of Accident Insurance:

Personal or Family Accident Insurance Yes _____ No _____ List Company _____

If you would like to purchase school insurance, please mark one of the following:

_____ School-time Insurance _____ 24-Hour Insurance

I acknowledge that I have been offered the option of purchasing school insurance but prefer our own insurance.

Signature of Parent or Legal Guardian

Family Physician _____ Telephone _____

Family Dentist _____ Telephone _____

Specific medical allergies, chronic illnesses, or other conditions (note name of child):

If you and the physician of choice as indicated above cannot be reached in an emergency, and if, in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) and, if necessary, by ambulance, to an available hospital or physician?

_____ Yes _____ No

Signature of Parent or Legal Guardian

As a parent and/or legal guardian, I authorize the treatment of the above named minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life or cause physical disability or undue discomfort is delayed. This consent is granted only after a reasonable effort has been made to reach me.

Signature of Parent or Legal Guardian

This release form is free signed for the sole intention of authorizing medical treatment under emergency circumstances.

Date _____