

Today's Date: _____

Approved: **Yes** **No**

Stephens County School System Medical/Insurance Release Form

Please Print:

Student's Name _____ Age _____ Grade: _____ DOB _____

Parent's Name _____ Home/CellPhone () _____

Physical Address _____ City _____ Zip _____

Wk. Phone / Father () _____ Wk. Phone / Mother () _____

Doctor's Name _____ Phone () _____

***** Please Place a Check and Complete*****

_____ I will provide a copy of our insurance card or verification of insurance. I understand proof of medical/accidental insurance is required in order for my child to participate the following field trip, excursion, meeting, activity, competition.

Date: _____ **City/State:** _____ **Venue:** _____

(School Insurance Is Available--For Information See Your Principal)

List **two** people who can be contacted in case of an emergency if parents cannot be reached.

Name _____ Phone () _____ Relationship _____

Name _____ Phone () _____ Relationship _____

List **allergies, medications,** or any **other** information that might help during an emergency:

I **do** / **do not** (circle one) authorize a representative of Stephens County School System to secure medical treatment for _____ (**Student's Name**) as may become necessary.

This _____ day of _____, 2012.

Signature of Parent or Guardian: _____

Return this form prior to participation to the sponsor of the trip and a copy to the Principal.

Administrative Office Use

Name of Insurance Company: _____ **Policy #:** _____

Date of Renewal: _____

Signature of Sponsor of Trip

Date