



CONSENT FOR EMERGENCY CARE AND INSURANCE
2019-2020

I, the undersigned, am the parent or legal guardian of _____, a minor. In my absence during the 2019-2020 school year, I extend power of attorney for authorizing medical care of the above named minor to the _____ High School coaching staff, including trainers, and/or to emergency response personnel.

GENERAL INFORMATION:

Student's Name _____ Grade _____ Age _____
Date of Birth _____ School _____
Legal Parent/Guardian Names (Father) _____ Mother _____
Address _____
Home Phone _____ Alternate Phone _____
Emergency Contact _____ Phone _____

PHYSICIAN PREFERENCES:

1. _____ Phone _____
2. _____ Phone _____

If neither physician is available, do we have your permission to take your child to a hospital or another physician? YES _____ NO _____ Hospital Preference _____

MEDICAL INFORMATION:

Existing Medical Problems _____
Allergies _____
Last Tetanus Booster Shot (Month/Year) _____
Routine Medication _____
Restrictions/Instructions _____

INSURANCE INFORMATION:

Insurance Company _____ Policy # _____
Group # _____ Insured Person _____

If your student is NOT currently covered by insurance PLEASE READ THE FOLLOWING CAREFULLY:

Parents/guardians are solely responsible for obtaining health insurance for students. Granite School District and its schools, coaches, administrators, and employees are not responsible or liable for injuries or resultant medical treatments associated with your student's participation in any athletic program, sporting event, or activity. If, for any reason, you choose not to purchase insurance for your student, you personally assume all responsibility and liability for the same.

By signing below, YOU SIGNIFY AND AGREE TO THE FOLLOWING: My student is covered by insurance, I am obtaining insurance coverage for my student, or I am allowing my student to participate in athletic events and activities without insurance, which means I understand the risks and assume all responsibility and liability for any injuries or medical treatments associated with such participation.

Signature of Parent/Guardian _____ **Date** _____