



COLUMBIA COUNTY SCHOOL SYSTEM

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Evans, Georgia 30809
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Superintendent of Schools

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TO: ALL HIGH SCHOOL AND MIDDLE SCHOOL PARENTS OR LEGAL GUARDIANS
FROM: PAT SULLIVAN, CONTROLLER
SUBJECT: STUDENT ACCIDENT INSURANCE COVERAGE AND PARENTAL PERMISSION FORM
DATE: JULY 1, 2008

PERMISSION FORM AND INSURANCE COVERAGE FOR:

Student's name Social Security number

Home address

_____ _____ _____ _____
Home phone Cell phone Birth date Grade

to participate in:

- | | |
|-----------------------------------|-------------------------------------|
| _____ High School football | _____ Middle School football |
| _____ Other High School Athletics | _____ Other Middle School Athletics |
| _____ High School Cheerleading | _____ Middle School Cheerleading |

Parent / Legal Guardian Signature Date

This form must be signed, dated, and returned to your student's coach or the school office.

The school's athletic program is an integral part of the total school program and school personnel have devoted great effort to insure participating students are protected in every way possible. However, participation in athletics is not without risk of injury which may range in severity from minor injuries to long-term catastrophic injuries, paralysis, or possibly death.

Columbia County School System requires that all students who participate in High School / Middle School football, all other High School / Middle School athletic programs, and all High School / Middle School cheerleading be covered by medical insurance. This can be done through a policy your child is covered under through your employer or through a policy offered through Columbia County School System by Student Resources Insurance Company. (A brochure explaining the coverage offered by Student Resources Insurance Company is attached.) You may also purchase additional coverage on your child through Student Resources Insurance Company.

In the area below, please provide your child's medical insurance information. Attach a copy of the front and back of your insurance card. **YOU MUST CHOOSE OPTION #1, #2, OR #3.**

_____ 1. My son/daughter _____ is covered by medical insurance under the following plan:

Name of Company: _____

Policy Number: _____ Amount of deductible: _____

Dates of coverage: _____ to _____

_____ 2. I am a member / retired member of the United States Armed Service. My military medical benefits cover my son/daughter and will cover any athletic related injury which may occur to my son/daughter.

Name of Insured

Identification number of insurance purposes

If your child does not have medical insurance and you wish to obtain insurance through Student Resources Insurance Company or wish to obtain additional insurance, please complete the attached brochure and send your check directly to the insurance company. **DO NOT SEND A CHECK TO THE SCHOOL.** **NOTE:** High School and Middle School football players without medical coverage **must** obtain football coverage. The **at-school accident coverage, single option** is the **minimum** coverage required by Columbia County School System for other athletics and cheerleading.

_____ 3. I desire to obtain medical insurance coverage through Student Resources Insurance Company. I have completed the brochure and mailed a check to the company. My check number is _____ and the check is dated _____.

_____ High School football premium \$ _____

_____ High School other athletics premium \$ _____

_____ High School cheerleading premium \$ _____

_____ Middle School football premium \$ _____

_____ Middle School other athletics premium \$ _____

_____ Middle School cheerleading premium \$ _____

In consideration of the option I chose for my son's/daughter's medical coverage for athletic / cheerleading activities, I do hereby agree to hold harmless, release and discharge the Columbia County Board of Education from any responsibilities of any kind whatsoever as a result of any injuries my son/daughter may receive or sustain while participating in athletic/cheerleading activities.

Further, I do hereby authorize school officials to have my son/daughter treated in case of any injury with no financial liability for medical bills to be incurred by the school or school system.

I do hereby grant permission for my child to represent his/her school in approved athletic/cheerleading activities, and to travel with any school team on out of town trips. I agree not to hold the school, school system, or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activity or travel. I acknowledge and accept there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and/or death.

Having read the above and by my signature below, I do hereby give my permission for my son/daughter,

_____ to participate in the sport(s) checked below:

_____ High School football

_____ Middle School football

_____ Other High School athletics

_____ Other Middle School athletics

_____ High School cheerleading

_____ Middle School cheerleading

Parent / Legal Guardian

Date

This form must be signed, dated, and returned to your student's coach or the school office.