

EMERGENCY MEDICAL RELEASE FORM

This form is filled out once per year. If any changes occur, please contact the Athletic Office.

Student Name: _____
Birthdate: _____ Age: _____ Year in School: _____

Parent(s)/Guardian(s) Name _____
Address: _____
Home Phone: _____
Dad Place of Employment: _____ Work Phone: _____
Mom Place of Employment: _____ Work Phone: _____

Family Doctor: _____ Phone: _____
Choice of Hospital: _____ Phone: _____

Closest Relative/Friend in case of emergency: _____
Address: _____ Phone: _____
Relationship: _____

Allergies/Special Health conditions: _____
Prescription Medication Required: _____

RELEASE OF TREATMENT

We, the undersigned, being the parent(s) or legal guardian(s) of _____ grant permission for our child to receive treatment from a physician, nurse, or other professional medical personal which may be needed in my absence due to injuries sustained while participating in athletics and all school sponsored activities at Pontiac Twp. High School. Medications: We also grant permission for our child to receive common over-the-counter medications such as: Tylenol, Advil, antacids and cough drops.

DATE

Parent(s)/Guardian(s) Signature

Student Insurance Waiver

The Board of Education of PTHS District #90 has made available an optional student accident insurance program for parents to purchase. If a parent were to purchase the voluntary student accident insurance coverage, please note that this coverage is secondary to the parent's health insurance policies. We urge you to read your health insurance policy very carefully. No insurance policy pays everything. Please be sure that you understand your policy and/or the District's policy, should you elect to take it. Please keep in mind that all medical expenses incurred as a result of athletic injuries and/or school time related accidents are the responsibility of the parent. PTHS District #90 will not be liable in the case of an injury, and does not provide insurance for these types of accidents. If interested in purchasing the student accident insurance, please go to www.1stAgency.com. From this website you may download a brochure and enroll online.

By signing below, I agree that I have read and understand the voluntary 24 Hour student accident insurance coverage offered through PTHS District #90. I understand that if this coverage is not purchased that we as parents accept full responsibility for medical expense incurred as a result of my child being injured at school and/or while participating in athletic programs offered by PTHS District #90.

Date: _____

Printed Name of Parent(s)/Guardian(s)

Signature of Parent(s)/Guardians(s)