

Hewitt-Trussville Athletics
Medical Treatment Permission/Permission to Travel and School Insurance
2017-2018

Legal Name (First, MI, Last) _____

Home Phone _____ Date of Birth _____

Parent/Guardian #1 _____ Work Phone _____ **Cell** Phone _____

Parent/Guardian #2 _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Work Phone _____ Cell Phone _____

I hereby give permission for my child, named above, to participate in Hewitt- Trussville Athletic Program for the 2017-2018 school year. I give permission for my child to be given emergency treatment in the event of an injury. I understand that the coaches will attempt to contact a parent/guardian first, and that the coaches may send my son or daughter for emergency treatment if a parent/guardian cannot be contacted.

I also give permission for my child to be treated by the certified athletic trainer. In addition, I give permission for the athletic trainer to discuss my child's medical condition with the coaching staff.

I will assume the responsibility for any medical treatment that my son or daughter might require if any injury occurs while practicing, playing or while participating in an athletic field trip.

Medical Information:

Family Physician's Name _____ Phone _____

Preferred Hospital _____

Medical/Hospital Insurance Provider _____

Medical/Hospital Insurance Policy Number _____

Medical Conditions and/or Drug Allergies (please be specific):

Parental Permission for Student Travel

I hereby certify that I am the custodial parent/guardian of the above named student. The school and the Trussville City Board of Education have my full permission and consent to transport and otherwise provide transportation for my child by school bus, public bus, charter bus, private automobile or other appropriate means of transportation in connection with school completion, extracurricular activities, medical, and any type of emergency evacuation.

Request Information or Decline Insurance

_____ I would like a brochure which outlines the costs and benefits provided by purchasing school day insurance.

_____ I do not desire insurance