

CANTON HIGH SCHOOL

ATHLETIC DEPARTMENT

INSURANCE-MEDICAL RELEASE FORM

NAME OF STUDENT: _____ D.O.B. _____

MOTHER: _____ FATHER: _____

HOME ADDRESS: _____ HOME PHONE: _____

STUDENT'S SOCIAL SECURITY NO.: _____

FAMILY PHYSICIAN: _____ PHONE _____

NAME OF MEDICAL INSURANCE PLAN: _____

NUMBER OF INSURANCE PLAN: _____

I hereby give my consent for _____, (son/daughter), to participate in interscholastic or intramural athletic activities regulated by the Canton Public Schools. I also give my consent for him/her to accompany the team as a member on its out-of-town trips, and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain through a physician or its choice, such medical care as is reasonably necessary for the welfare of the student if he/she is injured in the course of school athletic activities.

PARENT NAME (PRINT): _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____