

hospital or other medical facility if it is deemed advisable by any school authorities. Each of the undersigned hereby grants permission, also, to any physician or other medical provider to treat said condition unless an undersigned parent or guardian of the above-named student is present and requests otherwise or until each of the undersigned request otherwise in writing. Each of the undersigned also hereby grants permission for any personnel of the Henry County School District to render any preventative medical treatment, first aid, emergency medical care, rehabilitative medical treatment or other assistance believed by such personnel to be advisable to protect the health and well-being of the above named student. Each of the undersigned understands and agrees that the terms hereof apply to any injury, accident, illness, or medical problem or emergency that arises as a result of or in connection with any aspect of Henry County School District athletic or extra-curricular participation or any activities in any way related or incidental thereto, including but not limited to tryouts, practice, conditioning, meetings, games, and travel. Each of the undersigned also understands that reasonable efforts will be made to contact a parent (or legal guardian) of the above-named student concerning any serious or involved medical treatment.

TRANSPORTATION PERMISSION: The Henry County School District does not provide transportation to students for extra-curricular events unless required by law. As such, it is the responsibility of the parent/guardian to make arrangements for transportation to any extra-curricular events in which the above-named student may wish to participate. The Henry County School District strongly discourages students from riding with other students to and from extra-curricular events. Please be advised that the Henry County School District is not responsible for monitoring or supervising the transportation used or sought by students with respect to any athletic or other extra-curricular activities. Each of the undersigned hereby further consents on behalf of the student named above to participate in school-sponsored trips.

INSURANCE INFORMATION: Each of the undersigned hereby authorizes the release of any and all information relating to the extra-curricular or athletic participation of the above named student to the media and to all college recruiters, including any medical information concerning injury or illness, any biographical information, and any other information related to the extra-curricular or athletic participation of such student, including ability, attitude and conduct.

Please have the parent/guardian INITIAL one of the following statements regarding insurance coverage for the above-named student for the **2019-2020** school year:

_____ The above-named student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in any school authorized activity (including, but not limited to, Varsity or Junior Varsity Football).

Company Providing Insurance	Name of insured	Policy Number
-----------------------------	-----------------	---------------

_____ One or more of the undersigned has purchased the Benefit Plan for the above-named student provided by the Henry County School District.
Policy Number _____

If any insurance coverage for the above-named student expires, is terminated, cancelled, revoked, or suspended, the undersigned agree to immediately notify the Henry County School District and to immediately obtain replacement accident insurance coverage for the above-named student and provide the Henry County School District with the name of the insurance company, the name of the insured, and the policy number of such replacement insurance coverage, or alternatively, will purchase the Benefit Plan provided by the Henry County School District.

By signing this Form, each of the undersigned acknowledge and agree that each of the undersigned has read and understands this Form and agrees to all the terms set forth in this Form and that all the information contained in this Form or otherwise provided to the Henry County School District is true and correct. Each of the undersigned hereby acknowledge and agree that they have the authority and right to sign this Form on behalf of the above-named student and on behalf of all of said student's parents and guardians, and further hereby release and agree to indemnify and hold the Henry County School District and its employees, members, agents, officers, and directors, and the Henry County Board of Education and its members, and all of the successors and assigns of all of such persons and entities, harmless from any and all claims, damages, liability, and causes of action, whether known or unknown, whether now, previously, or in the future existing or arising, in any way directly or indirectly related to the above-named student's participation in any sport, extra-curricular activity, or any other activity in any way related or incidental thereto, or in any way related to any rendering, attempt to render, or failure to render any medical, health care, or other treatment of any nature to the above-named student.

This Form and all consents, acknowledgments, and agreements contained herein shall remain in effect until the specific portion of this Form that a parent or guardian wishes to revoke is identified in writing and such revocation is delivered to the Henry County School District at least three (3) days prior to the effective date such consent is terminated.

Signature(s) of Parent(s) or Guardian(s)	Date
--	------

Signature(s) of Parent(s) or Guardian(s)	Date
--	------

Signature of Student	Date
----------------------	------

Edited and Updated 4-16-15 (Date Corrected for 17-18)