

School: \_\_\_\_\_

MIS 4178  
REV 7/03

**SCHOOL DISTRICT OF OKALOOSA COUNTY  
INTERSCHOLASTIC ATHLETICS PARENTAL PERMISSION,  
EMERGENCY MEDICAL AUTHORIZATION AND AUTHORIZATION TO RELEASE INFORMATION**

*No student will be allowed to practice or participate in any organized interscholastic athletic activity until this document is signed, notarized and returned to the school Athletic Department.*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Emergency Phone \_\_\_\_\_

**PURPOSE:** To provide the consent of parents and/or guardians for students to participate in interscholastic activities of the School District and to authorize the provision of emergency medical treatment for that student who may become ill or injured during such activities and authorizing the release of protected health information. PLEASE COMPLETE PARTS I, II AND III.

**PART I—PARENTAL PERMISSION**

I, \_\_\_\_\_ hereby grant permission for \_\_\_\_\_ (the "Student Athlete") to participate in interscholastic athletics during the school year and hereby release and agree to hold harmless the School District of Okaloosa County, its officers, agents and employees,

\_\_\_\_\_ School and its Athletic Department from all liability arising out of injuries sustained by \_\_\_\_\_ while participating in interscholastic sports activities or practices. I understand the Florida High School Activities Association requires all students participating in interscholastic athletics be covered by a medical

insurance policy providing a minimum of \$25,000 limit for medical expenses. I hereby certify \_\_\_\_\_ is covered by medical insurance

providing at least \$25,000 for medical expenses. The name of our medical insurance company is \_\_\_\_\_ which will cover this child in the event of an injury. I assume full responsibility and liability for any and all expenses connected with an injury and/or illness that is not paid by our insurance company or through Military benefits if this child is entitled to military privileges. I further certify I will notify the principal of the school this child is attending if there is any change in this insurance coverage, and I will purchase the Student and/or Football Insurance offered at the school.

I also hereby consent to allow \_\_\_\_\_ to be transported by private automobile in connection with \_\_\_\_\_

For the inclusive dates of: \_\_\_\_\_.

*STUDENT AND/OR FOOTBALL INSURANCE MAY BE PURCHASED AT YOUR SCHOOL  
Athletes, other than High School football participants, can be covered by purchasing the "school time" or "24 hour coverage".*

**PART II— EMERGENCY MEDICAL AUTHORIZATION**

In the event reasonable attempts to contact me at \_\_\_\_\_ (Phone number) have been unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by \_\_\_\_\_ (Preferred physician) or \_\_\_\_\_ (Preferred dentist), or in the event

the designated preferred practitioner is not available, by another physician or dentist and (2) the transfer and admission of the child to \_\_\_\_\_ (Preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I hereby authorize any treating physicians, including athletic trainers and team volunteer doctors, to provide information to school officials regarding my child's medical condition or injuries.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

**MEDICAL PROVIDERS MAY ACCEPT A PHOTOCOPY OF THIS SIGNED AUTHORIZATION AS IF IT WERE AN ORIGINAL FOR ALL PURPOSES.**

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION ON REVERSE SIDE  
(OVER)**