LAST NAME	FIRST	M.I.	SEX	GRADE	BIRTHDAY

BALDWIN COUNTY SCHOOLS
Insurance/Medical Form
School Year: _____

As an athlete/athletic parent in the Baldwin County Schools Athletic Program, I/we understand that participation in any sport can be an activity involving risks of injury. Recognizing these risks, I/we consent to the participation of my/our son/daughter in the sports program offered by Baldwin County Schools. I/we also agree to comply with all rules, regulations and recommendations of administrators and coaches concerning injury prevention and care. I/we consent to assume the following responsibilities:

1. To furnish a copy of your son/daughter's birth certificate.
2. To furnish a completed copy of the AHSAA Physical Examination form sign by a physician.
3. Copy of the insurance card that corresponds to the insurance information below.
4. To provide transportation home on dates of practice sessions and scheduled competition.
5. To accept full responsibility for all medical expenses which might occur during practice sessions, traveling to practice/ games, participation in games and other related activities.
6. To provide accidental/hospital insurance on your son/daughter (school insurance is acceptable).
7. Upon your son/daughter making a team, all of the conditions listed above remain the same for the duration of the season. If any change is necessary, it is the responsibility of the parent(s) to show written evidence of the change to the coach/administration.

_____ _____ _____ _____
Signature of Parent/Guardian   Date   Signature of Student   Date

EMERGENCY INFORMATION

Parent/Guardian Name(s) : _____

Home Phone: _____   Father's work/cell #: _____   Mother's work/cell #: _____

Family Doctor: _____   Doctor's Phone # : _____

Preferred Hospital: _____

HEALTH INSURANCE INFORMATION: *Note: This must be completed. All athletes **must** have insurance to participate. If you do not have health insurance, you must take out the school accident insurance.*

Carrier: _____   Policy No.: _____   Group No. : _____

Policyholder's Name: _____   Relationship: _____

In case of an EMERGENCY, if parents/guardian cannot be contacted, notify:

Name(s): _____   Relationship: _____

Phone #   Work: _____   Home: _____   Cell: _____