



STUDENT PARTICIPATION & PARENTAL APPROVAL FORM FOR HIGH SCHOOL EXTRA CURRICULAR SCHOOL ACTIVITIES

Athletics & Extra Curricular Activities Department
PO Box 670, Ocala, FL 34478

Date _____ School Year _____

School _____ Student ID# _____ Club _____

Student Name _____ Date of Birth _____
(Last Name, First Name)

I/We hereby give consent for the above named child to represent his/her school in the identified club. I/We understand that our child must adhere to all School and Marion County School Board policies. I/We also understand that where there are physical activities there is a possibility for injury.

I/We understand that under present law, if my/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.

I/We further agree to indemnify and hold harmless, the Marion County School Board of Marion County, Florida, its agents or employees for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages which occur will be solely the responsibility of the involved child and their parent or legal guardian.

I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.

I understand that if a parent, guardian or student falsifies any signature(s) or any other information on this form, the student will be declared ineligible for one full calendar year from the disclosure date. I hereby state that I have read all sections of this form and the information given is true and correct to the best of my knowledge and belief.

I/We also understand and agree that participation in extra/co-curriculum activities is contingent upon participation in the drug testing program when requested and by testing negative for the illegal use of alcohol/drugs.

EMERGENCY INFORMATION

Parent/Guardian _____	Home # _____	Work # _____
Cell# _____	Address _____	
Health Insurance Co. _____	Policy # _____	

(1) Emergency Contact _____	Relationship _____
Home # _____	Work # _____ Cell # _____
(2) Emergency Contact _____	Relationship _____
Home # _____	Work # _____ Cell # _____

List any condition for which the student has received medical attention during the past two years. Include the name of provider:

List any allergies to food, medication, insect stings, etc.

"I/We consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our property resulting from such participation. I/We attest and affirm that the participation has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary. I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named."

Parent/Guardian Signature _____ Student Signature _____
(District requires a physical signature) (District requires a physical signature)