

BALLARD COUNTY PUBLIC SCHOOLS

Athletic – Insurance Information

My son/daughter has adequate hospitalization insurance through our family plan at home to cover him/her in case of an accident while participating in athletics. We hereby relieve Ballard County Middle School/Ballard Memorial High School of all responsibility for medical expenses due to injury.

Name of insurance company: _____

Policy number: _____

In the event of an accident involving the school bus, we need to know the following information:

Name of child: _____ Age: _____

Grade: _____ Height: _____ Weight: _____ Blood type: _____

Allergies or other important information: _____

Family doctor: _____

Hospital preference: _____

Emergency contact name: _____

Phone number: _____ Phone number: _____

**Permit to Release Student from School-Sponsored Activity
and Release of Claim for Damages**

I, _____ parent of _____ do give my permission to release my son/daughter to ride home from any away ball game or school sponsored activity to the parents or adults listed below.

I hereby personally, and on behalf of my son/daughter, release and absolve the Ballard County School District, the school officials, the instructional and coaching staff from any claims for personal injuries, which may be sustained while my son/daughter is being transported from a school sponsored activity under the supervision listed below:

1. _____
2. _____
3. _____
4. _____