



**CONSENT FOR EMERGENCY CARE AND INSURANCE**  
**2023-2024**

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor. In my absence during the 2023-2024 school year, I extend power of attorney for authorizing medical care of the above named minor to the \_\_\_\_\_ High School coaching staff, including trainers, and/or to emergency response personnel.

**GENERAL INFORMATION:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Legal Parent/Guardian Names (Father) \_\_\_\_\_ Mother \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**PHYSICIAN PREFERENCES:**

1. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_

If neither physician is available, do we have your permission to take your child to a hospital or another physician? YES \_\_\_\_\_ NO \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**MEDICAL INFORMATION:**

Existing Medical Problems \_\_\_\_\_  
Allergies \_\_\_\_\_  
Last Tetanus Booster Shot (Month/Year) \_\_\_\_\_  
Routine Medication \_\_\_\_\_  
Restrictions/Instructions \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_ Insured Person \_\_\_\_\_

**If your student is NOT currently covered by insurance PLEASE READ THE FOLLOWING CAREFULLY:**

**Parents/guardians are solely responsible for obtaining health insurance for students. Granite School District and its schools, coaches, administrators, and employees are not responsible or liable for injuries or resultant medical treatments associated with your student's participation in any athletic program, sporting event, or activity. If, for any reason, you choose not to purchase insurance for your student, you personally assume all responsibility and liability for the same.**

**By signing below, YOU SIGNIFY AND AGREE TO THE FOLLOWING:** My student is covered by insurance, I am obtaining insurance coverage for my student, or I am allowing my student to participate in athletic events and activities without insurance, which means I understand the risks and assume all responsibility and liability for any injuries or medical treatments associated with such participation.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_