

# WALTON COUNTY PUBLIC SCHOOLS

## RELEASE OR INSURANCE FORM

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED that my son/daughter, \_\_\_\_\_  
has permission to participate in \_\_\_\_\_ activity sponsored  
by the Walton County Public Schools, Walton, Georgia.

To participate in any athletic activity, a student is required to have a physical  
examination signed and dated by a physician before any practice, tryout, or conditioning.  
SHOULD EMERGENCY medical treatment be necessary during the course of this activity, I,  
\_\_\_\_\_, hereby authorize the responsible adult designated in  
charge of said activity to seek and approve any medical attention needed.

FURTHERMORE, I hereby release the Walton County Public Schools and the school  
involved of all responsibility concerning this matter.

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NAME OF INSURANCE (HEALTH) PROVIDER: \_\_\_\_\_

DATE AUTHORIZED: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_