



**COLUMBIA COUNTY SCHOOL SYSTEM**

4781 Hereford Farm Road  
Evans, Georgia 30809  
(706) 541-0650  
[www.ccboe.net](http://www.ccboe.net)

**BOARD OF EDUCATION**

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**TO: ALL HIGH SCHOOL AND MIDDLE SCHOOL PARENTS OR LEGAL GUARDIANS**  
**FROM: PAT SULLIVAN, CONTROLLER**  
**SUBJECT: STUDENT ACCIDENT INSURANCE COVERAGE AND PARENTAL PERMISSION FORM**  
**DATE: JULY 1, 2009**

**PERMISSION FORM AND INSURANCE COVERAGE FOR:**

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Student I.D. number (if available)

\_\_\_\_\_  
Home address

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Home phone      Cell phone      Birth date      Grade

to participate in:

- \_\_\_\_\_ High School football      \_\_\_\_\_ Middle School football
- \_\_\_\_\_ Other High School Athletics      \_\_\_\_\_ Other Middle School Athletics
- \_\_\_\_\_ High School Cheerleading      \_\_\_\_\_ Middle School Cheerleading

\_\_\_\_\_  
Parent / Legal Guardian Signature      Date

**This form must be signed, dated, and returned to your student's coach or the school office.**

The school's athletic program is an integral part of the total school program and school personnel have devoted great effort to insure participating students are protected in every way possible. However, participation in athletics is not without risk of injury which may range in severity from minor injuries to long-term catastrophic injuries, paralysis, or possibly death.

Columbia County School System requires that all students who participate in High School / Middle School football, all other High School / Middle School athletic programs, and all High School / Middle School cheerleading be covered by medical insurance. This can be done through a policy your child is covered under through your employer or through a policy offered through Columbia County School System by Student Resources Insurance Company. (A brochure explaining the coverage offered by Student Resources Insurance Company is attached.) You may also purchase additional coverage on your child through Student Resources Insurance Company.

In the area below, please provide your child's medical insurance information. Attach a copy of the front and back of your insurance card. **YOU MUST CHOOSE OPTION #1, #2, OR #3.**

\_\_\_\_\_ 1. My son/daughter \_\_\_\_\_ is covered by medical insurance under the following plan:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Amount of deductible: \_\_\_\_\_

Dates of coverage: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ 2. I am a member / retired member of the United States Armed Service. My military medical benefits cover my son/daughter and will cover any athletic related injury which may occur to my son/daughter.

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Identification number of insurance purposes

If your child does not have medical insurance and you wish to obtain insurance through Student Resources Insurance Company or wish to obtain additional insurance, please complete the attached brochure and send your check directly to the insurance company. **DO NOT SEND A CHECK TO THE SCHOOL.** NOTE: High School and Middle School football players without medical coverage **must** obtain football coverage. The **at-school accident coverage, single option** is the **minimum** coverage required by Columbia County School System for other athletics and cheerleading.

\_\_\_\_\_ 3. I desire to obtain medical insurance coverage through Student Resources Insurance Company. I have completed the brochure and mailed a check to the company. My check number is \_\_\_\_\_ and the check is dated \_\_\_\_\_.

\_\_\_\_\_ High School football premium \$ \_\_\_\_\_

\_\_\_\_\_ High School other athletics premium \$ \_\_\_\_\_

\_\_\_\_\_ High School cheerleading premium \$ \_\_\_\_\_

\_\_\_\_\_ Middle School football premium \$ \_\_\_\_\_

\_\_\_\_\_ Middle School other athletics premium \$ \_\_\_\_\_

\_\_\_\_\_ Middle School cheerleading premium \$ \_\_\_\_\_

In consideration of the option I chose for my son's/daughter's medical coverage for athletic / cheerleading activities, I do hereby agree to hold harmless, release and discharge the Columbia County Board of Education from any responsibilities of any kind whatsoever as a result of any injuries my son/daughter may receive or sustain while participating in athletic/cheerleading activities.

Further, I do hereby authorize school officials to have my son/daughter treated in case of any injury with no financial liability for medical bills to be incurred by the school or school system.

I do hereby grant permission for my child to represent his/her school in approved athletic/cheerleading activities, and to travel with any school team on out of town trips. I agree not to hold the school, school system, or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activity or travel. I acknowledge and accept there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and/or death.

Having read the above and by my signature below, I do hereby give my permission for my son/daughter,

\_\_\_\_\_ to participate in the sport(s) checked below:

\_\_\_\_\_ High School football

\_\_\_\_\_ Middle School football

\_\_\_\_\_ Other High School athletics

\_\_\_\_\_ Other Middle School athletics

\_\_\_\_\_ High School cheerleading

\_\_\_\_\_ Middle School cheerleading

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Date

**This form must be signed, dated, and returned to your student's coach or the school office.**