

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: _____

NAME OF INSURANCE (HEALTH) PROVIDER: _____

DATE AUTHORIZED: _____

PARENT SIGNATURE: _____