

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: _____