

Medical Screening Form

Newnan High School Band

190 LaGrange Street

Newnan, GA 30263

770-254-2885

Student's Name: _____ / _____ / _____
Last First Middle

Birthday: _____ Age: _____ Sex: M F Grade: _____ Wt. _____ Ht. _____

Home Address: _____
Street City State Zip

Home Phone: _____ Home e-mail: _____

Name of Mother/Guardian: _____

Employer & Address: _____

Work Phone: _____ Work E-mail: _____

Name of Father/Guardian: _____

Employer & Address: _____

Work Phone: _____ Work e-mail: _____

Name of nearest relative or person to contact in case of emergency (if different from above):

_____ Relation: _____

Address: _____

Name of physician to contact if possible: _____

Address: _____ Phone: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Policy Holder's Name: _____ Policy #: _____

Please list any special medical condition that your student may have such as diabetes, asthma, epilepsy, etc. . .

Please list any prescription medications (including use of an inhaler for asthma) that your student is currently taking and for what:

Please complete both sides of this form.

Medical Authorization

Newnan High School Band

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I/We desiring that _____ may participate fully in various interscholastic and extracurricular activities available through the Coweta County School System, hereby authorize and grant my/our permission for _____ to participate in the following extracurricular activity: _____; and I/we know of no restrictions on his/her ability to participate in said activity. I/We realize that such activities involve the potential of injury which is inherent in all extracurricular or sporting events. I/We further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I/We hereby acknowledge that I/we have read and understood this warning, and I/we give my/our permission for _____ to participate in _____ and verify that he/she is covered by a current accident and/or health insurance policy. I/We further grant to the school personnel my/our permission to act on my/our behalf in securing medical attention for _____ in case of any medical emergency. I/We also understand my/our responsibility for any costs incurred for medical attention.

I/We further verify that _____ is covered under the following insurance policy:

Name of Insuring Company: _____

Address of Company: _____

Policy Number: _____

Named Insured: _____

Expiration Date: _____

I/We hereby acknowledge that I/we have read, understood, and completed this document with a full and complete understanding of its terms and that the information contained herein is true and correct. I/We give permission for my/our student to travel on any Coweta County School System vehicle as a member of an extracurricular activity on any of its local or out of town trips.

By signing this Authorization, I/we waive any and all liability which the Board of Education of Coweta County or any employee of said Board may have for any injury to my/our student while participating in said activity or during the course of a trip. I/We understand that while participating in said activity or during the course of a trip, my/our student will be subject to the policies, rules and regulations of the School and said Board.

This _____ day of _____, 20____.

Date

Month

Parents'/Guardians' Signatures

Please complete both sides of this form.