



LIBERTY COMMON SCHOOL

Common Knowledge, Common Virtues, Common Sense

1725 Sharp Point Drive, Fort Collins, Colorado, 80525, 970-482-9800

Permission for Medical Treatment Form

In the event of an emergency occurring while my son/daughter is on school-sponsored practice, performance, or trip, I hereby grant permission to the school and to its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter, _____ to receive medical treatment.

Home Phone _____ Business Phone _____

Address _____

Person to be notified other than parent or guardian in emergency:

Emergency Person _____ Phone _____

Family Doctor _____ Phone _____

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? (Please State)

Accident Insurance Waiver

I fully understand that Poudre School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide accident or health insurance coverage for my son/daughter. Please complete **one** of the boxes below.

YOU HAVE INSURANCE

We as parents/legal guardians of _____ have our own accident/health insurance coverage with

**Insurance Plan & Number

(Name of Company)

(Policy #)

Parent/Guardian Signature _____ Date _____

YOU WISH TO PURCHASE STUDENT ACCIDENT OR HEALTH INSURANCE.

We as parents/legal guardians of _____ request information on student Accident or Health Insurance through United Health Care or log onto www.k12studentinsurance.com.

Parent/Guardian Signature _____ Date _____