



# 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) \_\_\_\_\_

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### 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 ACCIDENT INSURANCE THROUGH Poudre SCHOOL DISTRICT**

We as parents/legal guardians of \_\_\_\_\_ request to purchase School/Athletic Accident Insurance through Poudre School District.

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