CABELL COUNTY PUBLIC SCHOOLS

P.O. BOX 446
2850 FIFTH AVENUE
HUNTINGTON, WEST VIRGINIA 25702

Student's Name _____ Age _____

Address _____ Zip _____ Phone _____

Date of Birth _____ Male _____ Female _____ Blood Type (if known) _____

Parent or Guardian _____ Relationship _____

Home Address _____ Home Phone _____ Work Phone _____

Contact Other Than Parent _____ Relationship _____ Phone _____

Name of Family Physician _____ Family Physician's Office Number _____

Known Allergies _____

Hospitalization Insurance: Name of Company _____

Policy No. _____ Medical? _____ Surgical? _____ Accident? _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the named student. In the event of serious illness, the need for minor surgery, or significant accidental injury, I understand that an attempt will be made by the **attending** physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me or the other person listed above, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer, coaches, Emergency Medical Technician (EMT) or Paramedic to provide the needed emergency treatment to the athlete prior to his or her admission to the medical facilities.

Signature of parent or Guardian _____ Date _____

Athletes are also covered under an "All Athletic Plan". This coverage is an "excess" contract that picks up where other insurance stops. If the covered person is covered by any other individual, franchise, blanket or group insurance which provides benefits for medical care or treatment, the Plan will pay only the covered expenses which are not paid under the other insurance. Claims should be submitted under this contract only if there is no other insurance or if the other insurance does not provide coverage for the expense.

County of **CABELL**, State of **WEST VIRGINIA**
Sworn to and subscribed before me this _____
Day of _____, 20_____
Witness my hand and official seal.
_____, Notary Public
My commission Expires _____

Form: S-0001
Revised: 7/97