

**East Hall High School
Waiver and Emergency Consent Form**

Student Information:

Student Name: _____ SSN: _____

Street Address: _____ PH#: _____

Date of Birth _____ Age: _____ Grade: _____ Sex: M or F

Parent Information

Father _____ Home Phone _____ (W) _____

Mother _____ Home Phone _____ (W) _____

Emergency Contact _____ Home Phone _____

(W) _____

Insurance Information

Company: _____ Policy Holder: _____

Policy #: _____ Pre-certification # _____

Waiver and Consent for Participation

I hereby give consent for the above student to represent his or her school in athletic activities offered at East Hall High School. I understand that any pre-participation medical examination is only a screening and is not intended to identify all problems that could result in sudden death during exercise. I give consent for the student to accompany the school team on local or out of town trips. I give consent for school personnel to call for assistance and/or take my child to a doctor/emergency room if treatment appears to be in order. In the event that I can not be notified of the injury to give parental consent, I authorize the school personnel or certified athletic trainer to sign the necessary consent forms so that my child can receive medical treatment. I also understand that I am responsible for all medical bills which may arise from injury to my child that are not covered by the EHHS Band's insurance plan.

I understand the possibility of injury occurs with all athletic activities offered by the Hall County Board of Education. I understand that the parents and the students assume risk of injury when they are executing this form. However, in the event physicians, certified athletic trainers, or other personnel trained in rendering of first aid are available, as volunteers or otherwise and render first aid to any student/athlete during the course of any activities or travel, then I do hereby release and discharge such persons and the Hall County Board of Education, East Hall High School or the EHHS Band program from any liability arising out of any first aid or immediate treatment of injuries.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

STUDENT SIGNATURE _____ **DATE** _____