

**SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
MONTGOMERY COUNTY, PA**

Medical authorization and Insurance Information for Participating in Athletics

The School District of Springfield Twp Policy #211, states that every student who tries out or is a member of a school athletic team must have insurance coverage against accident or injury, either by a family insurance policy or a purchased insurance policy offered by the school district.

We, the undersigned parents or guardians of (name of student) _____ of Homeroom Section _____ do hereby authorize any physician, dentist, or athletic trainer designated or authorized by the school district to render to my son or daughter (in case of injury, medical emergency, or other event, making prompt medical attention appropriate) such treatment, first aid, or care as the school physician, dentist, or athletic trainer deems appropriate under the circumstances.

Please check one:

_____ I carry school accident insurance.

_____ I carry family insurance for accident or injury

Signed: _____
(Parent or Guardian)

Date: _____

This form must be filled out in order for the student to participate in a sport