

**Clayton County Schools  
Middle School  
Release or Insurance Form  
(WAIVER)**

To Whom It May Concern:

Please be advised that my son/daughter, \_\_\_\_\_ has permission to participate in \_\_\_\_\_ activity sponsored by the Clayton County Public Schools, Jonesboro, Georgia. To participate in any athletic activity, a student is required to have a physical examination signed and dated by a physician before any practice, tryout or conditioning

Should emergency medical treatment be necessary during the course of this activity;

I \_\_\_\_\_, hereby authorize the responsible adult designated  
(Parent or Guardian)  
in charge of said activity to seek and approve any medical attention needed.

I, \_\_\_\_\_, have adequate medical insurance to cover my child  
(Parent or Guardian)

in case of athletic injury. Company Providing Insurance \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Furthermore, I hereby release the Clayton County Public Schools, its constituent schools, the Clayton County Board of Education, and their respective members, officers, employees and agents from any liability, claims or responsibility arising out of or in connection with my child's participation in any athletic activity(ies), whether identified above or otherwise. If my child participates in football, the aforementioned release extends to Heads Up Football, LLC and its officers, directors, employees and parent companies.

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**Authorization of Treatment**

In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of the school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Emergency Phone)

City: \_\_\_\_\_

\_\_\_\_\_  
(Date Authorized)