



Indian Creek Middle School

11051 South Covington Bypass Road

Covington, Georgia 30014

Phone 770-385-6453

Fax 770-385-6456

Adopted July 15, 1981

NAME OF CHILD: _____

Homeroom _____ Grade _____ Activity _____

Athletic Medical Authorization

In the event I cannot be reached immediately by telephone at the number(s) shown below in an emergency situation (as defined by Georgia Law) or under circumstances where a duly licensed physician suggests, recommends or prescribes the administration of surgical medical treatment or procedures reasonably necessary or advisable to protect or safeguard the health of the child named above I hereby authorize:

Parents please leave this blank. The adult going with your child would have their name in this blank.

(Authorized ICMS Adult)

or such other adult as may be temporarily responsible for the supervision, safety, or welfare of the child named above to consent, either orally or otherwise, to the administration of such surgical or medical treatment or procedures.

I further certify that I am the parent (if no parent, the grandparent) or guardian of the child named above and that I am not now nor have I ever been adjudicated incompetent in any court of law.

SIGNATURE _____ DATE _____

TELEPHONE:

HOME - _____
(area code)

WORK - _____
(area code) parent/guardian

WORK - _____
(area code) parent/guardian

OTHER - _____
(area code) grandparent-friend-neighbor

Athlete/Parent Insurance Information

All students participating in athletic and other extracurricular programs at Indian Creek Middle School are required to have insurance coverage. School insurance is recommended as it will cover all student activities except for football players (grades 9-12).

Additional insurance coverage (Tackle Football Insurance Plan) can be purchased through the school insurance program. In some cases parents may have sufficient accident insurance in their own family policy and desire not to participate in the school's insurance program.

Please check one of the following:

_____ I understand that accident insurance coverage is required for my son/daughter's participation in athletics. I will not be taking out school insurance as I have sufficient accident coverage with:

(name of insurance company)

_____ I understand that accident insurance coverage is required for my son/daughter's participation in athletics. I have enrolled my son/daughter in the school's insurance program and the tackle football insurance program (if participating in football).

Signature of Parent

Date

*A copy of the insurance card must be attached.