

**SOUTHLAND ACADEMY**  
INSURANCE INFORMATION AND CONSENT FOR TREATMENT

PLEASE PRINT, UNLESS OTHERWISE NOTED

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

Policyholder's Relationship to above Student-Athlete \_\_\_\_\_

PARENTAL CONSENT FOR TREATMENT

**Note:** The following is a release for medical treatment form for your child. This release assures medical treatment in the event he/she is injured and you are not available to give the doctor or hospital permission to treat your child.

I, \_\_\_\_\_ (Parent printed name), do authorize the Southland Academy School staff to admit my child, \_\_\_\_\_ (student printed name), for medical treatment in the event I cannot be reached. I fully understand that I am responsible for any medical bills which may occur due to treatment of my child's injury. To the best of my knowledge, my child has the following allergies (medication, bites and stings, food, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ parent/guardian signature \_\_\_\_\_ date

\_\_\_\_\_ home phone \_\_\_\_\_ work phone

OTHER EMERGENCY INFORMATION

In the event of an emergency and the coaching staff must reach the parent and the parent cannot be reached at the above telephone number(s), give other persons, their relationships, and the telephone numbers to be called.

Person to call	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____

**RETURN THIS FORM TO YOUR COACH**