

Savannah-Chatham County Public Schools
ATHLETICS AUTHORIZATION FORM
Please Read Carefully Before Signing

I, _____ (Parent/Guardian), being the legal parent/guardian of

_____ (Student), do allow the student hereinafter
named to participate in the sport(s)/activity(ies) set out below, and I hereby give the right and power

to the school official(s) of _____ school to authorize medical treatment, care and
services, to discipline, and to make whatever decisions that are necessary for my child's welfare in the
discretion of said official(s) while my child is a participant of

_____ (Sports/Activities)

at _____ (School) for the season of 20_____. I understand that this
authorization in no way relieves me of any financial or other obligations related to any decisions made by
the above school official (s).

I hereby appoint The Board of Education as my Agent for the purposes of obtaining medical treatment in
the event of injury. I agree to be responsible for all medical expenses incurred in connection therewith. In
the event The Board of Education incurs expenses for medical treatment, then and in that event I agree to
reimburse said Board of Education in full.

Insurance Company _____

Policy Number _____

Drug Allergy _____

Date of last Tetanus shot _____

Any other known medical condition(s) _____

Parent/Guardian Signature _____ Date _____

Address _____ Zip _____

Telephone Numbers: Home _____

Business _____

Emergency _____

THIS FORM IS NOT VALID UNLESS SIGNED IN THE PRESENCE OF A SCHOOL OFFICIAL

Revised 6/2006