

**VERIFICATION OF MEDICAL INSURANCE/PERMISSION TO OBTAIN
MEDICAL TREATMENT FOR INTERSCHOLASTIC SPORTS PROGRAMS**

Please check the appropriate space.

I have health insurance coverage. _____ (Student accident insurance is secondary if purchased.)

I do not have any insurance. _____ (Student accident insurance must be purchased to participate in interscholastic sports program.)

PLEASE SPECIFY:

Varsity Football Plan _____ Schooltime _____ 24-hour _____

Health Insurance (Specify Below)

Company Name _____

Policy Number: _____

<p>I hereby give my consent and authorize the Board of Education of Charles County and its agents, and/or employees to consent on my behalf and on behalf of my child to emergency medical care and treatment in the event I am not available to be contacted.</p>	
<p>I, the undersigned parent or legal guardian understand and agree that I will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of my child for accidents and injuries in school sponsored games and practice sessions, and during travel to and from athletic activities.</p>	
<p>_____</p> <p>Student's Name</p>	<p>_____</p> <p>Parent or Legal Guardian's Signature</p>
<p>_____</p> <p>Date</p>	

The Charles County Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, age or disability in its programs, activities or employment practices. For inquiries, please contact Keith Oner, Title IX Coordinator, or Patricia Vana, section 504 Coordinator (students) or Keith Hettel, Section 504 Coordinator (employees&dults), at Charles County Public Schools, Central Office building, P.O. Box 2770, La Plata, Maryland 20646. (301) 932-6610/870-3814. For special accommodations, call (301) 934-7320 or TDD 1-800-735-2258 two weeks prior to event.