



West Nassau High School

One Warrior Drive
Callahan, FL 32011
Telephone: (904) 879-3461

Richard Pearce
Principal

Richard Knott
Athletic Director

Medical Authorization & Proof of Accident Insurance

_____ (Student's Name / the Participant) has my permission to participate in extra-curricular activities sponsored or authorized by West Nassau High School and/or Nassau County School District.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize Nassau County School District, its agents, servants, employees, or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital, or attendant as a result of involvement in the activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I further authorize any physician, hospital, or medical attendant to receive full and complete medical records or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. The medical authorization contained within this form shall be valid and usable by Nassau County School District during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

The Florida Statutes and Nassau County School Board Administrative Rule 5.71 require that students participating in interscholastic athletics, cheerleading, and extracurricular activities MUST have accident insurance, and proof of the insurance is to be kept on file at the school.

This form confirms that the Student named above is covered under the following accident insurance policy:

Name of Insurance Company: _____ Policy Number _____

I have read and understand the medical authorization and proof of accident insurance statements above. I understand that my child will not be permitted to participate in interscholastic athletics, cheerleading, or extracurricular activities without accident insurance. I agree to maintain accident insurance coverage for my child during their participation.

Parent or Guardian Signature: _____ Date: _____

Middle and High School Students:

I hereby certify that I have read, understand, and agree to abide by all of the rules of conduct and regulations of Nassau County School District, and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has produced
(Name of person acknowledged)

_____ as identification and who did (did not) take an oath.
(Type of identification)

(Title or Rank)

(Signature of Notary taking Acknowledgement)

(Serial Number, if any)

(Name of Notary, typed, printed, or stamped)