

ATHLETIC INSURANCE WAIVER

TO WHOM IT MAY CONCERN:

I, the undersigned, being the parent, legal next of kin or legal guardian of \_\_\_\_\_  
(Athlete's name)  
hereby accept the responsibility for any injury he/she may receive while participating in River  
Valley High School Athletic Activities and authorize any necessary medical treatment. I also  
accept the responsibility of Insurance coverage as listed below:

1. \_\_\_\_\_ We have our own insurance.  
NAME OF COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_
2. \_\_\_\_\_ He/she has school insurance.
3. \_\_\_\_\_ We do not have insurance, therefore, we are totally responsible for payment.  
(Physician, Hospital, X-Ray, Lab, etc.)

In regard to such person, I submit the following:

1. Allergies to foods, medications, etc. (if none, so state)  
\_\_\_\_\_
2. Special medical problems. (if none, so state)  
\_\_\_\_\_
3. Does participant carry medications on person? (if none, so state)  
\_\_\_\_\_
4. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
(number) (street) (City) (State) (Zip)
5. Parent/Guardian Names (Please Print) \_\_\_\_\_
6. Parent/Guardian Signature \_\_\_\_\_
7. Parent/Guardian Phone:  
Mother:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Father:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_
8. Date \_\_\_\_\_