

HAMPSHIRE HIGH SCHOOL INSURANCE AND ELIGIBILITY INFORMATION

As the Undersigned Parent/Guardian of the Child listed below, I UNDERSTAND THAT THE HAMPSHIRE COUNTY BOARD OF EDUCATION AND HAMPSHIRE HIGH SCHOOL ARE NOT RESPONSIBLE FOR ANY MEDICAL RELATED EXPENSES RESULTING FROM ATHLETIC PARTICIPATION OR INJURY.

MY SIGNING OF THIS RELEASE ALSO AUTHORIZES ROUTINE MEDICAL CARE FOR MY CHILD AND TREATMENT NOT CONSIDERED ROUTINE TO BE REFERRED TO A LOCAL PHYSICIAN OR MEDICAL FACILITY (by referral of the athletic trainer or EMT on site) AT MY EXPENSE.

FIRST NAME: _____ LAST NAME: _____ GRADE: _____

SCHOOL ATTENDED PREVIOUS SEMESTER: _____

DATE OF BIRTH: _____ CITY/COUNTY OF BIRTH: _____ STATE: _____

FATHER'S FIRST NAME: _____ MOTHER'S FIRST NAME: _____

DO PARENTS RESIDE IN HAMPSHIRE COUNTY? YES NO

HOME ADDRESS: _____ ZIP: _____

HOME TELEPHONE: _____ WORK PHONE: _____

CELL PHONE: _____ (OPTIONAL)

PLEASE CHECK ONE OF THE FOLLOWING:

1. WV MEDICAL CARD #: _____
2. HOME INSURANCE (NAME OF COMPANY): _____
3. SCHOOL INSURANCE FOOTBALL: _____
4. OTHER SPORTS INSURANCE COVERAGE: _____

- FOR INFORMATION REGARDING THE DIFFERENT LEVELS OF COVERAGE AND SELECTION OF THE SCHOOL OR FOOTBALL INSURANCE THAT IS RIGHT FOR YOU, PLEASE SEE THE HEAD COACH OF THAT SPORT OR THE ACCOUNTING SECRETARY AT HAMPSHIRE HIGH SCHOOL.
- PARENTS WITH HOME COVERAGE MAY WANT TO ENROLL IN THE SCHOOL PLAN TO ASSIST WITH DEDUCTIBLES, CO-PAYMENTS, ETC.

AS PARENT/GUARDIAN, I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL RELATED MEDICAL EXPENSES.

SIGNED: _____ DATE: _____

- IT IS EXTREMELY IMPORTANT THAT THIS FORM BE RETURNED IMMEDIATELY TO YOUR CHILD'S COACH.