

## PARENTAL CONSENT

I hereby give my consent for \_\_\_\_\_ to participate in interscholastic athletics with the Raton Public Schools and authorize the Raton Public Schools to provide the information on this form to the New Mexico Activities Association. The financial responsibility for securing care of athletic injuries is a matter between the parent/guardian and physician or dentist selected by the parent/guardian. The Raton Public Schools will not pay doctors, dentists, or hospitals for any treatment student.

## INSURANCE

**INSURANCE INFORMATION MUST BE PROVIDED.** We have accident insurance with the following: Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

If you do not have insurance you can apply for student accident insurance through Raton Public School. We have applied: YES \_\_\_\_\_ NO \_\_\_\_\_.

## AUTHORIZATION FOR MEDICAL SERVICES

I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event we cannot be reached, I/We hereby designate the Athletic Director, Head Coach, Athletic Trainer or their designee to act in my/our behalf to authorize such hospitalization, medical attention and surgery as may be required in an emergency because of illness or injuries sustained by my/our child while participating in school activities. In the event I/We recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child. I/We hereby assume financial responsibility for hospitalization, medical attention and surgery provided.

FAMILY PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_