

**BROOKSTONE SCHOOL**

**MEDICAL INSURANCE AUTHORIZATION  
AND  
WAIVER FOR ATHLETIC PARTICIPATION**

My child, \_\_\_\_\_, has permission to participate in organized athletics provided or sponsored by Brookstone School. I fully realize and acknowledge the possibility of injury involved in participating in high school and/or middle school athletics. I recognize the risk of injury can range from minor to catastrophic, resulting in the possibility of permanent disability, paralysis, or even death.

1. I give my express permission for my child to participate in athletics at Brookstone School including travel associated with participation;
2. I assume any and all risks associated with any special medical needs\* or conditions of my child during participation in athletics, as well as associated travel;
3. I authorize any coach or adult supervising any athletic activity in which my child participates to obtain on behalf of my child, and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto);
4. I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation; and
5. I agree that all expenses relating to or arising out of any such injuries or loss of life will be my responsibility, and my child and I agree to release, hold harmless and indemnify Brookstone School and its officers, employees, trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to injuries, regardless of severity, or loss of life relating to my child's participation in athletics.

\*Note: Special medical needs or conditions of my child include:

\_\_\_\_\_

Full Name of Athlete \_\_\_\_\_ Grade \_\_\_\_\_

Sport (s) \_\_\_\_\_ School Year \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Policy Holders Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

Emergency Contact Name and Number \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

***A front and back copy of your insurance card must be attached to this form.***

