



West Ridge Academy

6905 8th Street • Greeley, CO 80634 • 970.330.3671 • Fax 970.702.2561

Permission for Medical Treatment Form

In the event of an emergency occurring while my son/daughter is on school-sponsored practice, performance, or trip, I hereby grant permission to the school and to its employees to take whatever action deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter, _____ to receive medical treatment.

Parent Name _____

Home Phone _____ Cell Phone _____

Address _____

Person to be notified other than parent or guardian in emergency:

Emergency Person _____ Phone _____

Family Doctor _____ Phone _____

If you do not give permission or authorization for consent to medical treatment, what procedure should be followed? _____

Accident Insurance Waiver

I fully understand that West Ridge Academy does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that it is my responsibility to provide accident or health insurance coverage for my son/daughter. Please complete one of the options below.

Option 1 - INSURANCE INFORMATION:

We the parents/legal guardians of _____ have our own accident/health insurance coverage. List the provider and your policy number below.

(Name of Insurance Company)

(Policy #)

Parent/Guardian Signature _____ Date _____

Option 2 - YOU WISH TO PURCHASE ACCIDENT INSURANCE THROUGH D6.

Go to www.greeleyschools.org to purchase this insurance.

We the parents/legal guardians of _____ request to purchase School/Athletic Accident Insurance through Greeley School District 6.

Parent/Guardian Signature _____ Date _____