

RANDOLPH SCHOOL DISTRICT
INSURANCE CERTIFICATION AND WAIVER FORM

Name of Student _____

**WE, THE UNDERSIGNED, FEEL WE HAVE ADEQUATE
INSURANCE PROTECTION FOR OUR STUDENT
WHILE PRACTICING AND/OR PARTICIPATING
IN INTERSCHOLASTIC AND EXTRA-CURRICULAR ACTIVITIES.**

Name of Insurance Company _____

Address of Company _____

EMERGENCY MEDICAL CARE: In the event of an emergency, I as parent/guardian, give permission to call a physician or EMT or seek other emergency care as deemed necessary to the school officials in charge.

Parent/Guardian Signature

_____/_____/_____
Date

Daytime Phone / Evening Phone / Cell Phone

THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE PRIOR TO THE FIRST PRACTICE.