



**Parent Permission
Insurance Coverage Report
2016-2017**

Student's name: _____ grade: _____

has our permission to play sports for the 2016-2017 school year and is covered for accidental medical expenses by,

Insurance Company Name

Policy # and Insurance Company phone #

a recognized insurance company doing business in the State of Minnesota, or *we, the parents, will assume full responsibility for medical expenses growing out of athletic injuries.*

I hereby give my permission to the Bethany Academy coaches to seek emergency medical care for my child.

Student's Birthdate _____

Family Doctor's Name _____

Doctor's Telephone # _____

Parent Signature _____

Parent's Telephone # _____

Where most easily reached

Date _____