



Hilldale Public Schools

500 E. Smith Ferry Road
Muskogee, OK 74403

(918) 683-0273
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Erik Puckett, Assistant Superintendent
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Parental Authorization to Administer Medical Attention

I am the parent with legal custody or the legal guardian of _____ who attends Hilldale Public School. If this student requires medical attention as a result of sports participation, I hereby give my consent and authorization to medical personnel to treat my child.

I understand that under state law, the Board of Education, the school district, and/or employees of the district shall not be liable to the student or student's parents or guardians for civil damages for any personal injuries to the student.

Dated this _____ day of _____, 20__

Parent with Legal Custody or Guardian

Home Address

Proof of Insurance

In order for a student to participate in athletics, students must purchase accident insurance or sign this form indicating that you have adequate insurance.

_____ Yes, we have adequate insurance and do not wish to purchase accident insurance

_____ No, we do NOT have adequate insurance and will purchase and Hilldale Schools is not liable for damages related to sports participation, band, chorus, etc.

Student's Name

Parent's Name

Date