



Park High School
 102 View Vista Drive
 Livingston, MT 59047
 Phone: 406-222-0448
 Fax: 406-222-9404

Student Name (Please Print)

Last First Grade

Sport/Activity

2017-18

Medical Insurance Waiver Form

~ This form must be completed and signed to be valid ~

The Livingston School District does not offer a medical insurance program for students. Therefore, it is the responsibility of the parent/guardian of the student to secure medical insurance. In return for the school district allowing your son/daughter to participate in activities you must agree to take full responsibility for medical expenses for your child.

This form must be signed and returned to the office/advisor prior to your son/daughter participating in any activity. I have read and understand the Medical Insurance Waiver and agree to accept responsibility for my child's medical expenses.

Medical Assistance to Injured Students

I hereby authorize School District Number 4 & 1 and its faculty members in charge of my child named below, to obtain all necessary medical care for my child, and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatments to my child.

 Parent/Guardian (Print)

 Relationship to student

 Parent/Guardian Signature

 Date

Address:

____ / ____ / ____
 Student Birthdate (MM/DD/YY)

 Home Phone

 Cell Phone

 Work Phone

PHS Activities Code
 (must also be signed)



Both my child and I have read the Park High School Activities Code and I understand its contents. We agree to abide by all of the policies described in the Activities Code.

 Parent Name (Please Print)

 Date

 Student Name (Please Print)

 Parent Signature

 Date

 Student Signature