

Jefferson City Schools

575 Washington Street • Jefferson, Georgia 30549

Phone (706) 367-2881

Fax (706) 367-1884



Permission to Treat Form

Please print clearly.

Athlete's Name _____ Grade _____

Athlete's Email _____

Parent/Guardian's Name _____

Home Address _____

City _____ Zip _____

Home Telephone _____

Parent/Guardian's Email Address _____

Emergency Contact _____ Telephone _____

Family Physician _____ Telephone _____

Special Conditions _____

Medications Athlete is Allergic to _____

Other Allergies _____

I authorize employed designees of Jefferson City Schools to obtain medical attention for my child while he/she is participating in extra-curricular athletic activities. In addition, the local emergency facilities have my permission to treat my child for any illness or injury that occurs while participating in an athletic event.

Signature of Parent/Guardian _____ Date _____

Name of Insured _____

Name of Insurance Company _____

Policy Number _____ Customer Service Telephone _____