

WAIVER AND INSURANCE INFORMATION

I hereby grant permission for my child/children to participate in and to travel to and from all Valwood School sponsored athletic events, field studies and trips.

In the event of illness or injury to my child/children, I hereby authorize a representative of Valwood School to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though I had given it myself.

Parent Signature: _____

Date _____

Insurance Company _____

Policy # _____

Insurance Company Telephone Number: _____

(Please provide a copy of your insurance card)