

Johnson County Central Public Schools



358 N 6th Street
PO Box 338
Tecumseh, NE 68450

“HOME OF THE THUNDERBIRDS”

407 N 1st Street
PO Box 255
Cook, NE 68329

Dr. Galen Boldt, Superintendent
402-335-3320

Rick Lester, High School Principal
402-335-3328

Rich Bacon, Middle School Principal
402-864-4181

Jon Rother, Principal
402-335-3320

MEDICAL RELEASE FORM

I hereby give my consent for the student listed below: (1) to represent his/her school in organized extra-curricular activities, except those determined to be inappropriate on the basis of a physical examination, realizing that such activity involves the potential for injury. I/We understand that even with the best coaching and supervision, the right protective equipment and abiding by the rules of the sport or activity, injuries are still a possibility, (2) to go with any school team/organization of which he/she is a member on any local or out of town trips. I give permission for the school to obtain, through a physician of their own choice, any emergency medical care that may be needed for the student because of the athletic event, activity or travel. I/We agree not to hold the school or anyone acting on its behalf responsible for an injury occurring to the student named below in the course of the activity or travel.

Signature of Parent or Guardian

Date

Student Name

Address

City

Zip Code

STUDENT ACCIDENT INSURANCE COVERAGE

To Students and Parents:

The Johnson County Central Public Schools will be offering student accident insurance through Student Assurances Services. The purpose is to assist in the cost of treatment of accidental injury. The insurance company plan will be made available to those who wish to participate. The cost of student accident insurance will be borne totally by the parent.

Whether you wish to participate or not, please complete this form.

CHECK THE STATEMENT/S WHICH APPLY:

_____ My Son/Daughter is covered by health insurance

_____ I will participate in the Student Accident Insurance Plan through Student Assurances Services.

_____ I will not participate in the Student Accident Insurance Plan and will accept personal responsibility for the medical treatment for any injury to the student.

Parent/Guardian Signature

Date