

**PARENT PERMISSION FORM**

**COLUMBUS HIGH SCHOOL  
MUSCOGEE COUNTY SCHOOL DISTRICT**

I hereby give my permission for my son/daughter, \_\_\_\_\_,  
to participate in an interscholastic academic program in the Muscogee County School  
District.

It is understood by me that neither the Muscogee County School District nor Columbus  
High School carries liability or medical pay insurance which covers participation in  
extra-curricular activities, nor may school funds be used to pay for medical treatment for  
personal injuries while participating in such activities or events or while on trips in  
connection therewith.

I do hereby release and agree to indemnity and hold harmless the Muscogee County  
School District and Columbus High School, its agents, servants, and employees from  
and for all claims and loss on account of injuries, medical expenses and damages of  
whatever kind which may be sustained by me or said student on account of any injury  
resulting from participation in such activities.

I certify further that I have insurance which provides medical coverage for said student  
with \_\_\_\_\_, Policy Number \_\_\_\_\_.  
(Name of Company)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number