



*A Beacon for Learning and Leading*

107 SAFRIT DRIVE, BEAUFORT NC 28516  
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www.carteretcountyschools.org

In order to participate in athletics in the Carteret County Schools, all students must have accident insurance coverage. Carteret County will provide a small basic coverage to be used as a supplement to the insurance coverage provided by the parent. It is not intended to be the only insurance for accidental injury. Parents are to provide the following information and sign this information sheet.

### **Personal Insurance Information**

This is to verify that \_\_\_\_\_ is covered by the following insurance policy, which will include coverage for injuries due to athletic participation and travel with the team.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

I will assume all financial responsibility for medical treatment costs that exceed the limited policy provided by the schools in Carteret County and any personal insurance coverage I maintain on my son/daughter.

I understand and agree that this permission sheet will entitle my son/daughter to participate in athletic practice, games, and events in all sports.

Should the coach not be able to locate me at the phone numbers listed below, I also hereby give the Carteret County Schools permission to sign for any necessary emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_