

# Transportation/Medical Waiver

I, \_\_\_\_\_ give the following persons:

Names: \_\_\_\_\_

\_\_\_\_\_

permission to transport my son/daughter: \_\_\_\_\_ to and from the  
wrestling event(s) \_\_\_\_\_

on the following dates: \_\_\_\_\_

I also agree to hold these persons as well as Forsyth County Schools and all of its employees and coaches harmless in case of an accident in which my child is injured. I also give this person and the coaches of Forsyth Central permission to seek medical assistance for my child in case he/she needs medical attention in my absence.

Health Insurance Carrier: \_\_\_\_\_

Health Insurance number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

(or please attach a copy of the health insurance card)

Emergency Contact Phone Numbers: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be notarized:

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Seal Expires