



# JOHNSON COUNTY CENTRAL PUBLIC SCHOOLS

358 N 6TH ST, PO BOX 338, TECUMSEH, NE 68450 ⚡ 407 N 1ST ST, PO BOX 255, COOK, NE 68329

## MEDICAL RELEASE FORM

SUPERINTENDENT  
**JON ROTHER**  
402-921-0187

9th-12th GRADE PRINCIPAL  
**JUSTIN DAMME**  
402-335-7815

4th-8th GRADE PRINCIPAL  
**MARSHA BACON**  
402-335-7885

PK-3rd GRADE PRINCIPAL  
**BECKIE ROBESON**  
402-335-7839

DIRECTOR OF STUDENT SERVICES/SPED  
**LAURA RADEMACHER**  
402-335-7851

ACTIVITIES DIRECTOR  
**GARRETT COLLIN**  
402-736-5757



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JOHNSON COUNTY CENTRAL  
PUBLIC SCHOOLS



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CENTRAL OFFICE  
402-335-3320

HIGH SCHOOL  
402-335-3328

MIDDLE SCHOOL  
402-864-4171

ELEMENTARY SCHOOL  
402-335-3320

I hereby give my consent for the student listed below: (1) to represent his/her school in organized extracurricular 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 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 activity or travel.

Signature of Parent or Guardian	Date	Student Name
Address	City	Zip Code

## STUDENT ACCIDENT INSURANCE COVERAGE

To Students and Parents:

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 the 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 Accidental Insurance Plan through Student Assurances Services.
- ☐ I will not participate in the Student Accidental Insurance Plan and will accept personal responsibility for the medical treatment for any injury to the student.

Parent/Guardian Signature	Date
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