

YHS 2026-2027 School Year Only

PROOF OF ACCIDENT INSURANCE

Required for Athletic, Cheer, and Extracurricular Activity Participants

The Florida Statutes and the Nassau County School Board Administrative Rule 5.71 require that students participating in Interscholastic Athletics, Cheer, and Extracurricular Activities MUST have accident insurance, and proof of the insurance is to be kept on file at the school.

This is to confirm that my child, _____ who is a

(Print Name of Student)

student at _____ Yulee High School _____ is covered under the
(Name of School)

following accident insurance policy:

Name of Insurance Company _____

Policy Number _____

I understand that my child will not be permitted to participate in Interscholastic Athletics, Cheerleading, and/or Extracurricular Activities without accident insurance, and I agree to maintain accident insurance coverage for my child during his/her participation.

Parent Signature _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

_____, who is personally known to me or who has
(Name of Person Acknowledged)

produced _____ as identification and who did (did not)
(Type of Identification)

take an oath.

(Title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

*Our mission is to develop each student as an inspired life-long learner and problem-solver
with the strength of character to serve as a productive member of society.*



The Nassau County School District

1201 Atlantic Avenue
Fernandina Beach, Florida 32034

"Empowering others through a commitment to excellence"

Dr. Kathy K. Burns, Ed.D.
Superintendent of Schools

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NASSAU COUNTY SCHOOL BOARD STUDENT DRUG TESTING CONSENT FORM

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities and for the operation of a motor vehicle on school property. I further understand that if I refuse to take the test, or if the test establishes a violation of the drug testing policy, I will face disciplinary action set forth by the Nassau County School Board policy.

By signing and dating this form, I consent to any random or reasonable suspicion drug testing that might be required during the 2023-2024 school-year. The random testing will be done throughout the school year. The selection for the random testing will be performed by the testing agency with the selected students being notified on the day they are to report for drug testing. I also understand the provisions of reasonable suspicion testing.

By signing and dating this form I understand that the costs for random and reasonable suspicion testing will be paid for by the school district. I also understand that the cost for the assessment and rehabilitation program, in the event of a violation of the drug testing policy, is the responsibility of the student.

I hereby consent to the administration of a drug test, if selected, and to the conditions listed in this consent. By signing and dating this form I attest that I have read and understand Nassau County School Board Rule 2.48, which outlines the district drug testing policy printed in the Code of Student Conduct.

Student's Name: _____
(Please Print)

Date: _____ Signature: _____

Parent/Guardian's Name: _____
(Please Print)

Date: _____ Signature: _____

Signature of Notary: _____ Date: _____

Commission Expires: _____

Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices.

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PERMISSION TO RIDE WITH PARENTS

_____ has my permission **Not** to ride
(Student Name)

the bus to or from Yulee High School for a competition or camp.

The student will be riding with _____

This form will be filled out **before** the field trip:

Parent _____ Phone Number _____ Date _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by
(Date)

----- who is personally known to me or who has
(Name of person acknowledged)

produced _____ as identification and who did (did not) take an oath.
(Type of Identification)

(title or Rank)

(Signature of Notary taking Acknowledgment)

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)

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MEDICAL AUTHORIZATION FORM

_____(Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by _____ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize the School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first Aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is _____

_____ Policy number _____

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ by _____
(Date)

_____, who is personally known to me or who has
(Name of person acknowledged)

produced _____ as identification and who did (did not) take an oath.
(Type of Identification)

(Title or Rank)

(Signature of Notary taking Acknowledgment)

MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand, and agree to abide by all of the rules of conduct and regulations of the School board of Nassau County, and if appropriate, the Florida High School Activities and Athletic . association. Any violations of these rules and regulations will subject me to disciplinary action.

Student Signature: _____

Date: _____

(Serial Number, if any)

(Name of Notary, typed, printed or stamped)