

MEDICAL RELEASE, ACTIVITY TRANSPORTATION AND PARTICIPATION CONSENT AGREEMENT

Student Name _____ Grade _____

Address _____

Home Phone # _____ Street _____ City _____ Zip _____
Student's Soc Sec # _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

ALTERNATE EMERGENCY CONTACT INFORMATION

Contact Person _____ Phone #'s: _____, _____

Known Medical Issues (this will remain confidential) _____

Medications taken regularly _____

In case of emergency, I authorize the school to take my child for treatment if I cannot be reached, and I understand that my health insurance will be the primary coverage and secondary coverage will be issued by the school for all injuries related to school activities. If you do not have insurance coverage, please write 'None' below.

Insurance company _____ Policy # _____

Group # & Employer name _____

Parent/Guardian signature _____ Date _____

Notary Public - mandatory

STATE OF KANSAS, COUNTY OF STEVENS, ss:

Before me, the undersigned authority, on this day, personally appeared

_____,

Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose herein expressed.

Sworn to and subscribe to me this ___ day of _____, 20__.

My Appointment Expires: _____

This agreement will remain in force as long as student(s) is/are enrolled in USD210, unless otherwise rescinded by the parent. The information will reviewed and updated as necessary.