

Boyd County High School
Student-Organization Activity

Medical Release/Parent Permission Form

INSTRUCTIONS: Students, parents/guardians and advisors must complete this form for each student participant as a prerequisite for the student to attend the student organization activity. Each club advisor must bring the completed forms to the student activity.

Student _____

Spouse (if married) _____

Home address _____

Phone: Work _____ Home _____

Student's Doctor _____

Dr. Address _____

Dr. Phone _____

Parent/Guardian _____

Address _____

Phone: Work _____ Home _____

Alternate contact _____

Address _____

Phone: Work _____ Home _____

Advisor _____

Club Name _____

Administrator _____

School Phone _____

STUDENT COVERED BY GROUP OR OTHER MEDICAL INSURANCE AS FOLLOWS:

Name of Insured _____

Insurance Company _____

Group Number _____

Policy Number _____

Please describe in detail any medical condition (past or present) being treated which may recur or be a factor in medical treatment. Include allergies, reactions to medicines, diseases of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, etc. If currently taking medication, state the medication and prescribing physician and phone number.

(Attach separate form if necessary.)

PARENT/GUARDIAN PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

_____ I give permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible should an emergency occur.

_____ I do not give permission for medical treatment until I have been contacted.

Parent Signature _____

Date _____

I CERTIFY THAT THE INFORMATION DESCRIBED ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EACH INDIVIDUAL IS RESPONSIBLE FOR HIS/HER OWN INSURANCE COVERAGE DURING THE ACTIVITY. I GIVE PERMISSION FOR _____ TO ATTEND _____ AND HEREBY RELEASE THE STATE AND LOCAL ORGANIZATION AND ANY ADULT IN CHARGE OF THE GROUP FROM ANY LEGAL OR FINANCIAL RESPONSIBILITY WITH RESPECT TO MY PERSONAL OR MY STUDENT'S PARTICIPATION.

Parent Signature _____

Date _____

Student Signature _____

Date _____

ACTIVITY _____