

**Blue Valley Randolph/Olsburg  
USD #384  
EMERGENCY MEDICAL PERMIT/ACTIVITIES PARTICIPATION PERMIT  
2011-2012**

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Student's Name (Printed)

Parent Name (Printed)

I, the parent and/or legal guardian of the above named student, give my consent for my child to participate in field trips, extra-curricular activities and/or other school-sponsored functions taken by USD #384 schools during the 2011-2012 School Year. I further give my legal consent and authorize any representative of USD #384 schools to authorize medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature she incurred while participating in any activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act., K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that USD #384 is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current home, work and cell phone numbers to the school.

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Parent Insurance Plan and Number

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Home Phone

Father's Work Phone

Mother's Work Phone

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Other Emergency #

Father's Cell Phone

Mother's Cell Phone

List any allergies:

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Other pertinent information or conditions that emergency personnel need to know:

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Parent Signature

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Notary Public