Blue Valley Randolph/Olsburg
USD #384

EMERGENCY MEDICAL PERMIT/ACTIVITIES PARTICIPATION PERMIT
2010-2011

_____ _____
Student's Name (Printed) Parent Name (Printed)

I, being the parent or guardian of the above named student, agree to permit this student to engage in extra-curricular activities at Blue Valley Randolph/Olsburg Public Schools. I give permission to authorized school representatives to act in my absence to authorize member of the medical profession licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S. A. 650-2801, And any hospital to treat injuries incurred in activities sponsored by the high schools.

I shall assume all medical payments and recognize the Blue Valley Randolph/Olsburg USD #384 medical insurance plan is considered to be supplemental in coverage.

Parent Insurance Plan and Number

_____ _____ _____
Home Phone Father's Work Phone Mother's Work Phone

_____ _____ _____
Other Emergency # Father's Cell Phone Mother's Cell Phone

List any allergies:
_____

List any current medications the student is using:
_____

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

Photo Release: I herby give full consent to Blue Valley Randolph/Olsburg USD #384 to photograph or publish any photographs or videos taken by tem in which I or my children (ren) appear. I agree that photos may be used for any public display and publication.

_____ _____
Signature of Parent or Guardian Date

_____ _____ _____
Notary Public Term Expires Date