

Blue Valley Randolph/Olsburg
USD #384

**EMERGENCY MEDICAL PERMIT./ACTIVITIES PARTICIPATION PERMIT
2007-2008**

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 hereby give full consent to Blue Valley Randolph/Olsburg USD #384 to photograph or publish any photographs or videos taken by them 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