

**BURRTON – USD 369
EMERGENCY MEDICAL INFORMATION/RELEASE**

Student's name _____

Parent/Guardian _____

Home Phone _____ Father _____ Mother _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Preference _____

Emergency alternate contacts if parents **CANNOT** be reached:

1. _____ Home # _____ Work # _____

2. _____ Home # _____ Work # _____

Any known allergies _____

Other medical information _____

If you have your own medical insurance coverage, please complete:

Insurance Company _____ Policy #: _____

(If you need additional insurance coverage, please ask the school for information.)

I assume that the insurance policy or policies I hereby verify will remain current and in force during the time the above-named student performs any function within the activities program at Burrton Jr./Sr. High School during the current year.

Parent/Guardian _____ Date _____

USD 369 Activity Participation Assumption of Risk

There are many special benefits being afforded to student/athletes by the activity programs in USD 369 schools. It must be understood that participating in activities may lead to injury to student/athletes. Therefore, the purpose of this section is to make all students/athletes aware that dangers do exist and that participation is voluntary with the understanding that students/athletes must share in the responsibility for their own safety and the safety of others as each participates in the district activity programs.

The students/athletes participating in the activity program could mildly, moderately, or severely injure the anatomy in one or several of the following: muscles, tendons, ligaments, bone, skin, teeth and any of the vital organs. Catastrophic injuries of death and permanent paralysis may also occur during sports participation. There is no absolute prevention against any of the mentioned potential injuries.

USD 369 Acknowledgement of Risk

By signing below, you have acknowledged that you have read the assumption of risk statement and that you are aware that there is a possibility that you may suffer mild, moderate or severe injury, including paralysis or death due to participation in activity programs. You further acknowledge any injury incurred may cause life-long disability to joints, muscles, tendons, or any of the vital organs.

You are required to sign below acknowledging the above statements:

Student/Athlete _____ Date _____

Parent/Legal Guardian _____ Date _____

Emergency Medical Release

I give my permission to take my son/daughter to the nearest doctor and/or hospital in case of an emergency if I cannot be reached and the need arises.

Parent/Guardian _____ Date _____