***Troy USD 429***

***Medical Treatment Authorization and Emergency Consent Document***

The following document is designed for those situations where minors are unaccompanied by either parents or legal guardians. This document gives school authority permission to arrange for medical care for the minor in the event of an emergency. This is extremely important, medical care **can not** be provided to a minor without approval by the parents or legal guardian, unless there is written consent authorizing approval.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is hereby granted in the event of a serious illness/injury to proceed with any medical treatment. I understand that an attempt will be made by the attending physician to contact me. If said physician is not able to communicate with me, the treatment necessary for the best interests of the student may be given.

Parent/guardian Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Info.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE AND INDEMNITY AGREEMENT**

(FOR A PERSON UNDER 18 YEARS OF AGE)

The undersigned parent/legal guardian of abovenamed student at U.S.D. 429, Troy, Kansas, in consideration of said student being able to participate in extra-curricular activities and opportunities offered at or by U.S.D. 429, including, but not limited to, sports, cheerleading, drama and speech events, field trips, and travel in/on buses, vans, or other vehicles operated by U.S.D. 429,

has executed this Release & Indemnity Agreement.

The undersigned parent/guardian, by executing this agreement, acknowledges that there are

certain risks and hazards associated with participation in the above referenced activities. For and on behalf

of the abovenamed student, the undersigned parent/guardian hereby voluntarily assumes said risks and

hazards and releases and indemnifies U.S.D. 429, Troy, Kansas, from and in connection with any and all

liability, demands, claims, actions and causes of actions whatsoever rising out of or relating to any loss,

damage or injury that may be sustained by the abovenamed student as a result of or in connection with said

student’s participation in the above referenced activities.

The undersigned understands that U.S.D. 429 does not provide medical or accident coverage

for students and that any medical expense resulting from injury sustained by the student will be the responsibility of the parent/guardian, or other responsible party.

By signing this document, the undersigned acknowledges and states:

* Is over 18 years of age and is a parent/legal guardian of the abovenamed student
* Gives permission to provide medical treatment if necessary
* Understands the legal significance of above document and has voluntarily signed this document

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian