

# NATRONA COUNTY SCHOOL DISTRICT #1 MEDICAL RELEASE FORM

This form is to be in the possession of the sponsor at all times  
when activity is being held away from school.

## STUDENT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

In case of emergency and the parent/guardian cannot be notified at the above number

please contact: \_\_\_\_\_ Tel: \_\_\_\_\_

## CONSENT TO PARTICIPATE:

I understand that the Natrona County School District and/or its employees do not carry any medical insurance that covers my child during this activity. I agree to absolve the school of any responsibility for such during this activity. I, as legal parent/guardian, give permission for the above student to participate in the following activity.

Signature: \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL CARE:

I give my permission for an authorized representative of the Natrona County School District #1 to sign for emergency treatment for my child. This form will provide for immediate treatment. Following is a list of additional items that would be necessary to consider in case of a need for immediate medical treatment of my child. (please list any allergies, medications, contact lens, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## INSURANCE INFORMATION

One of the following must be checked and initialed before the student is allowed to participate in the activity.

\_\_\_\_\_ I, as legal parent/guardian, state that my child is covered by medical insurance, to include accidents, through a policy issued with the following insurance company:

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_ This is to inform you that my child is not covered by any medical insurance and I will accept the full responsibility for any and all medical cost that should accompany this activity. I fully understand that the Natrona County School District #1 does not carry medical insurance that would cover my child during this activity.

\_\_\_\_\_ I wish to purchase insurance which is available through the school.

Special school insurance, which covers students while on school sponsored activities for one school calendar year, may be purchased through the student's home school.