

Kennewick School District 17
STUDENT EMERGENCY INFORMATION

F-2 2320

MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION

Student Name _____ School _____ Grade _____
Student Birth Date _____ Activity _____
Student Address _____ City _____ Zip _____

EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION

As the parent/guardian of the above named student, my signature on this form authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury.

Does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or medical facility?
 Yes, parent/guardian initial _____
 No, parent/guardian initial _____ Please specify below the procedure you wish the supervising person to follow:

I am aware that Kennewick School District does not provide medical insurance coverage for accidents/injuries resulting from participation in school and/or school-related activities. As the parent/guardian of the above named student, I accept full responsibility for the cost of treatment for any accident, illness or injury which my student may suffer while participating in school/school related activities.

I understand that my student must maintain adequate medical insurance coverage in order to participate in interscholastic athletics/activities, and that it must be kept in force throughout the sport/activity season.

HEALTH ALERTS - Parents must note any medical conditions below	
<input type="checkbox"/> Voluntary School Medical Insurance Protection <input type="checkbox"/> Medical Coupons <input type="checkbox"/> Family Medical Insurance	Date of last Tetanus booster: _____ Medication Allergies: _____ Other Allergies: _____
<u>MEDICAL CONDITIONS:</u>	
CURRENT MEDICATIONS:	

Family Physician _____ Telephone _____

Preferred Hospital: Kennewick Trios Richland Kadlec Pasco Our Lady of Lourdes

Telephone number where each parent/guardian can be contacted:

Father/Guardian _____ Home _____ Work _____ Cell _____
Mother/Guardian _____ Home _____ Work _____ Cell _____

Emergency Contact:

Name _____ Relationship _____ Phone _____
Alt. Phone _____
Name _____ Relationship _____ Phone _____
Alt. Phone _____

STUDENT TRAVEL PERMISSION

Kennewick School District has my permission to transport my son/daughter by District Bus/Vehicle, Private Vehicle and/or Rental Vehicle.

(Signature of Parent/Guardian)

(Date)