

Kennewick School District No 17

STUDENT EMERGENCY INFORMATION

MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION

Student Name _____ School _____ Grade _____

Student Birth Date _____ Activity Year _____

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 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.

Please list any allergies and/or any specific instructions necessary for treatment:

Please list any other health issues:

Family Physician _____ Telephone _____

Preferred Hospital Kennewick General 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 Signed _____