STUDENT ACTIVITY ENROLLMENT

Student's Name _____ Date _____

Address _____ Phone _____

Activity/Organization _____

Advisor _____

Notes

We, the parents, acknowledge our responsibility and agree to support the rules outlined for the activity and recognize the responsibility of the student to abide by these rules.

We also understand that a violation of one or more of the rules will result in the dismissal of the student from the activity.

I have been informed by the above advisor of all school rules /regulations and all rules and regulations pertaining to this activity, and agree to abide accordingly.

_____ _____

Signature of Student Signature of Parent

(Over)

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me at _____ (or phone number) _____ (other parent or guardian) have been unsuccessful, I hereby give my consent for:

1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and

2) the transfer of the student to _____ preferred hospital) or any hospital reasonably accessible

This authorization does not cover major surgery unless the medical opinions or two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including medications being taken, and any physical impairments to which a physician should be alerted:

_____

_____

Date _____ Signature of Parent or Guardian _____

▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪ (Do not complete this part if you completed the above.) ▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to :

_____

Date _____ Signature of Parent or Guardian _____

Address _____