KILLDEER PUBLIC SCHOOL
SCHOOL ACTIVITIES
MEDICAL CARE RELEASE

INJURIES: Killdeer Public School will strive to ensure that competent coaches/advisors, safe facilities, and safe equipment are utilized. Nevertheless, injuries may still occur. If an injury occurs, notify the coach/advisor. MEDICAL COSTS FOR INJURIES ARE NOT THE RESPONSIBILITY OF KILLDEER PUBLIC SCHOOL. Killdeer Public School does not carry insurance to cover costs involved in an injury. Injury costs are the responsibility of participants and/or their parents/guardians.

We (students and parents/guardians) acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisers/coaches of the Killdeer Public School District that by participating in school activities exposes oneself to risk of serious injury including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all Killdeer Public School Activities.

Date ______________________

Student Signature ______________________

Parent/Guardian Signature ______________________

Parent/Guardian Signature ______________________

Emergency Medical Care Release

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures on (full name of student) ______________________ in the case of an emergency. We (parents/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

We (parents/guardians) further acknowledge that the Killdeer Public School District does not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a Killdeer Public School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date ______________________

Student Signature ______________________

Parent/Guardian Signature ______________________

Parent/Guardian Signature ______________________
(Please complete the back side regarding contact information)

Note: This form must be filled out each year. Its purpose is to provide coaches/advisors and medical personnel with the necessary information needed in the event of an emergency. Coaches/advisors are required to carry this information with them at all times including but not limited to practices and games/events. It is the responsibility of the parents/guardians to notify the Head Coach and/or Athletic Director at Killdeer Public School if there are any changes and complete a new form.

**Contact Information**

Participant's Name: ____________________  Grade: ____________________
Address: ____________________  Birth date: ____________________
Home Phone: ____________________  Age: ____________________
Cell Phone: ____________________  Male/Female: ____________________
Mother/Guardian: ____________________  Father/Guardian: ____________________
Work Place: ____________________  Work Place: ____________________
Work Number: ____________________  Work Number: ____________________
Cell Number: ____________________  Cell Number: ____________________
Other Number(s): ____________________  Other Number(s): ____________________

Name of person to contact if Parents/guardians cannot be reached: ____________________
Name: ____________________
Phone: ____________________
Relationship to participant: ____________________

**Medical Information**

Family physician: ____________________  Phone: ____________________
Family dentist: ____________________  Phone: ____________________
Health Insurance Company: ____________________
Policy Number: ____________________

Does the participant have any of the following:
- physical restrictions? ____________________
- significant medical health issues? ____________________
- taking any medications? ____________________
- have any allergies to drugs/food/etc? ____________________
- surgical history? ____________________
- dates and number of concussions? ____________________

If answered yes to any of the above, please explain below: