



# EMERGENCY INFORMATION

## 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 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.

My son/daughter is covered by medical insurance (check applicable boxes):

- Voluntary school medical insurance protection       Medical coupons  
 Family medical insurance       No insurance

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

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. I understand it is my obligation to provide transportation to practice and contests in the Tri-Cities for my son/daughter.

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

Date Signed \_\_\_\_\_