

MEDICAL/DENTAL RELEASE AND TRANSPORTATION CONSENT

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

We, the undersigned, also give the child permission to be transported by North Platte Public School buses or vans as part of his/her participation in the NPPS ATHLETICS and/or ACTIVITIES program(s), by whatever means of transportation the transportation director deems appropriate.

Name of minor _____
(please print)

Relationship _____
(child/daughter/son)

School year when release is intended _____

This release form is completed and signed of my own free will with the purpose of authorizing travel and medical treatment under emergency circumstances in my absence.

Signed _____ **Date** _____
(father/mother/legal guardian)

Address _____ **Phone** _____

Family Physician _____ **Phone** _____

Emergency Contact *(if parent/guardian cannot be reached)*

Name _____ **Phone** _____

Phone _____

(over)

EMERGENCY INFORMATION & CONSENT

Athlete's Name _____ Nickname _____

Address _____

Phone _____

Father/Guardian Name _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

Mother/Guardian Name _____

Address _____

Employer _____

Home Phone _____ Work Phone _____

FAMILY HEALTH/DENTAL ACCIDENT INSURANCE INFORMATION

Insurance Carrier _____ Group _____

Policy # _____ Group # _____ ID# _____

Family Physician's Name _____ Phone # _____

Address _____

Family Dentist's Name _____ Phone # _____

Address _____

Allergies (list): _____

Serious Medical Conditions: _____

I/we hereby grant consent to any and all health care providers designated by North Platte Public Schools to provide my child, _____ any necessary medical care as a result of any injury/illness.

(parent/guardian signature)

(date)