

Hettinger/Scranton High School

School Activities

Medical Release Form

School Year: _____

I (student) and we (parents/guardians) have closely read the Hettinger/Scranton Public Schools Code of Conduct for school activities and acknowledge our acceptance and willingness to observe the code of conduct and follow its rules and regulations.

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

Date _____

Student Signature _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Emergency Medical Release Form

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 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 personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures if immediately necessary.

Date _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Contact Information

This form must be filled out each year. Its purpose is to provide coaches and medical personnel with necessary information in the event of an emergency. Coaches will carry this information at all times including practices. Please notify the activities office of any changes after the form has been completed.

Participants Name _____ Grade _____

Address _____ Birth Date _____

_____ Age _____

Home Phone _____ Male/Female _____

Cell Phone _____

Mother/Guardian _____ Father/Guardian _____

Work Place _____ Work Place _____

Work Number _____ Work Number _____

Cell Number _____ Cell Number _____

Other Numbers _____ Other numbers _____

Name of contact if parent/guardians cannot be reached- Name _____

Phone _____

Relationship _____

Medical Information

Family Physician _____ Phone _____

Health Insurance Co. _____

Policy Number _____

Does the participant have any of the following?

Physical Restrictions _____

Significant Medical Health Issues _____

Taking any medication _____

Have any allergies _____

Surgical History _____

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