

Emergency Medical and Activities Participation Permit

YOU MUST COMPLETE THE INFORMATION ON THIS PAGE TO BE CLEARED FOR ATHLETICS

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Gender _____ Grade 7 8 9 10 11 12

Name of Insurance Company _____ Policy Number _____

Primary Insurers Name _____

Medical Allergies/Other Health Factors _____

*****IN CASE OF EMERGENCY*****

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Alternate Contact _____ Alternate Emergency # _____

Permission is hereby given for emergency treatment, x-ray, skin test, or lab test for diagnosis and hospitalization in case of accident or illness in athletics/activities. This form has been completed truthfully to the best of my knowledge.

I, being the parent or guardian of the above named student, agree to permit this student to engage in extra-curricular activities at Bluestem High/Middle School. I give permission to authorized school representatives to act in my absence to authorize members of the medical profession to treat injuries incurred in activities sponsored by the school.

I shall assume all medical payments and recognize that the Bluestem's medical insurance plan is considered to be supplemental in coverage and that the above listed insurance is the Primary Insurance in the event of a claim.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date