ROSS VALLEY SCHOOL DISTRICT
EXTRACURRICULAR/ACTIVITY INFORMATION PERMISSION FORM

Medical Consent Authorization & Treatment/Release Form

In case of accident, illness, or other emergency, I understand that DISTRICT personnel will attempt to contact me. If the DISTRICT personnel cannot reach a parent/guardian after conscientious effort, I give permission for DISTRICT personnel to call emergency service providers or medical or dental service providers. If a life-threatening emergency exists, I give permission for DISTRICT personnel to immediately call emergency personnel and then contact me as soon as possible thereafter.

In the event that I cannot be reached to give necessary medical consent, I the grant permission for DISTRICT to arrange for all necessary emergency care for my child. I will be financially responsible for such care and for emergency medical transport. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred because of those services being provided.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described.

MEDICAL HISTORY

Is there a known history of:	Circle One	
A. Birth Deformities (1 eye, kidney, etc.)	Yes	No
B. Medical conditions currently under treatment	Yes	No
C. Preexisting injury currently under treatment	Yes	No
D. Fractures of other disability type injuries	Yes	No
E. Allergy (drugs, food, asthma, etc.)	Yes	No
F. Seizure disorder or convulsions	Yes	No
G. Known past illness of more than one week	Yes	No
H. Contact lens or glasses	Yes	No

Other: _____

Student's Medical Information

Student's Name: _____ Health Insurance Carrier: _____

Policy#: _____ Under the Name of: _____

Relationship: _____ Name of Family Physician: _____

_____ _____ _____

(Parent/Guardian - Print) (Date) (Parent/Guardian Signature)