

KENDRICK JT. SCHOOL DISTRICT #283
EMERGENCY CARE PERMIT for 2024-2025

Name _____ Birthdate _____ Male [] Female []
 Physical Address _____

Father or Guardian		Mother or Guardian	
Home Phone	()	Home Phone	()
Place of Employment		Place of Employment	
Business Phone	()	Business Phone	()

If neither can be reached, call (local resident if possible)

1st Emergency Contact _____ Phone (____) _____
 2nd Emergency Contact _____ Phone (____) _____

I give authorization to the coaches, athletic training staff and or medical consultants to treat and render first aid to any injuries that occur to my son/daughter while participating in Kendrick Jr./Sr. High School Athletics.

Parent/Guardian's Initials _____

If the above-named child should be seriously injured or ill at a school activity, and none of the persons listed above can be reached, I give my permission for the school personnel to:

- 1) Transport my child to the local medical clinic for treatment, or call an ambulance and have my child transported to a hospital or clinic. _____ YES _____ NO
- 2) If the above-named child should suffer an injury and the attending physician determines that immediate treatment is necessary, I give my permission to administer essential medical treatment immediately. _____ YES _____ NO

I understand that I will be responsible for all costs of such treatment.

Parent/Guardian's Initials _____

Allergies (asthmatic) _____
 Medication _____
 Family Doctor _____ Phone (____) _____
 Clinic _____ Phone (____) _____

I/We understand that in the best of programs, sports have the potential for injury, even disability or death can occur on rare occasions. I release the Kendrick Jt. School District #283 and staff, from liabilities and claims from injuries that may occur during a practice or event. I give my consent for _____ to participate in Kendrick High School Athletics Programs including travel to and from contests and practices. I release the Kendrick School District and staff of any claims of liabilities arising out of an injury or damages while traveling to and from practices and events.

Signature of Parent/Guardian _____ Date _____