

ZACHARY COMMUNITY SCHOOLS

PARENT/LEGAL GUARDIAN GRANTOR OR PERMISSION FOR STUDENT PARTICIPATION

1. TO BE COMPLETED BY THE STAFF.

DESCRIPTION OF ACTIVITY:

DATE: FROM

TO:

2. I DO HEREBY GRANT PERMISSION FOR THE FOLLOWING STUDENT TO ATTEND AND PARTICIPATE IN THE DESCRIBED ACTIVITY.

STUDENT NAME (please print)	SS# of STUDENT	
PARENT OR LEGAL GUARDIAN NAME (please print)	SIGNATURE OF PARENT OR LEGAL GUARDIAN	

3 **AUTHORIZATION TO PROVIDE MEDICAL TREATMENT**

THE SCHOOL OR ITS REPRESENTATIVE ARE AUTHORIZED TO RENDER NECESSARY MEDICAL TREATMENT TO THE STUDENTS LISTED ABOVE RELATIVE TO ANY INJURY SUSTAINED IN THE COURSE OF THE ABOVE ACTIVITY.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

RELEASE OF MEDICAL RECORDS AND REPORTS

4 YOU OR ANY PHYSICIAN, HOSPITAL, CLINIC OR MEDICAL CARE PROVIDER ARE AUTHORIZED TO FURNISH TO THE ZACHARY COMMUNITY SCHOOL BOARD, ALL MEDICAL RECORDS, INFORMATION, FACTS AND PARTICULARS WHICH MAY BE REQUESTED AND TO FURNISH THEM COPIES OF SUCH. THIS INFORMATION IS TO BE USED FOR THE PURPOSE OF EVALUATING AND HANDLING THIS STUDENT'S CLAIM OF INJURY AS A RESULT OF THE ACCIDENT ON THE DATE INDICATED IN SECTION 5. A PHOTOCOPY OF THIS FORM MAY BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

5 **TO BE COMPLETED BY PHYSICIAN IN THE EVENT OF INJURY**

DATE OF INJURY: _____

INITIAL DIAGNOSIS: _____

SIGNATURE OF PHYSICIAN OR
LEGAL GUARDIAN _____ DATE _____

NAME AND ADDRESS AND PHONE NUMBER OF MEDICAL FACILITY (Please Print Neatly)
