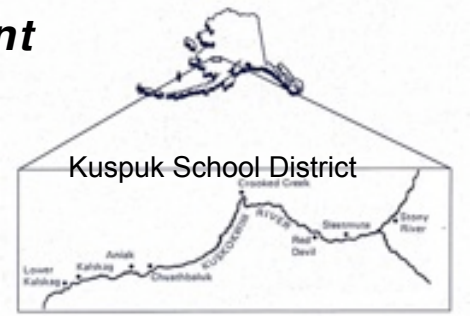


Emergency Medical Treatment Consent

2012 / 2013 School Year

Kuspuk School District
P.O. Box 49
Aniak, Alaska 99557



Date: _____

Student Name _____

Student Birthdate _____

Parent's or Guardian Name _____

Home Telephone:

Medicaid Number:

Work Telephone :

Insurance Company:

Emergency Contact:

Group #:

I, legal guardian of _____, give consent to emergency medical treatment, hospitalization, or medical treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand that every effort will be made to contact me before treatment; however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency.

I hereby waive on behalf of myself and the above named child any liability of the Kuspuk School District or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in ASAA or School District approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the team or group as a member of its out-of-town trips. I understand the Board of Education or ASAA does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the interschool program. I also understand that accident insurance coverage is my responsibility.

Please answer the following:

	YES	NO	SPECIFY
1. Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child have rheumatic heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Has your child ever had T.B.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there anything else we should know about your child's health?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature of Parent/Guardian

Date