

**STUDENT INFORMATION**  
**Renwick USD 267 - K-8 Medical Information/Release Form**

**Student Last Name:          Student First Name:          Student Middle Name:          Preferred Name:**

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**Grade:   Gender:   DOB:          Birthplace:          Student Cell Phone:          Social Security Number:**

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**Parent/Guardian Information (student resides with):**

**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Emergency Contacts:**

**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Hospital Preference:          Family Doctor:          Doctor's Phone Number:**

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**Renwick Dental Screening - In Compliance with Kansas State Statute 72-5201**

<input type="checkbox"/> I opt my child out of the dental Screening		<input type="checkbox"/> I would like my child to receive dental screening
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**Medical Conditions - Please list any medical conditions pertaining to your student:**

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**Medications - Please list any medication that your student takes:**

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**Allergies - medications, food, etc.:**

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**Kansas Immunization Registry:** I give consent for immunization information to be included in the Kansas Immunization Registry for the purpose of assessment and reporting.

**Activity Participation/Assumption of Risk for Renwick USD 267:** There are many special benefits being afforded to students/athletes by an activity program in USD 267 schools. It must be understood that participation in activities may lead to injury to students/athletes. Therefore, the purpose of this section is to make all students/athletes aware that dangers do exist and that participation is voluntary with the understanding that student/athletes must share in the responsibility for their own safety and the safety of others as each participates in the district activity programs. The students/athletes participating in an activity program could mildly, moderately, or severely injure the anatomy in one or several of the following: muscles, tendon, ligaments, bone, skin, teeth and any of the vital organs. Catastrophic injuries of death and permanent paralysis may also occur during sports participation. There is no absolute prevention against any of the mentioned potential injuries.

**Acknowledgement of Risk:** By signing below, you have acknowledged that you have read the assumption of risk statement and that you are aware that there is a possibility that you may suffer mild, moderate or severe injury including paralysis or death due to participation in activity programs. You further acknowledge any injury incurred may cause lifelong disability to joints, muscles, tendon, or any of the vital organs.

**Emergency Medical Release:** I give my permission to take my son/daughter to the nearest doctor and/or hospital in case of an emergency if I cannot be reached and the need arises.

**Insurance Waiver Information:** Renwick USD 267 does not provide health insurance for students. I understand that I am responsible for any and all medical bills with or without health insurance coverage. By the acknowledgement below, I agree that understand the above mentioned policies of Renwick USD 267 and agree follow all rules, policies, and procedures of KSHSAA and Renwick USD 267 and its athletic departments.

**Parent Acknowledgement / Release:** By signing below, I acknowledge that I have read and shared the above information with my student.

**Parent/Guardian Signature:          Date:**

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