

**USD 394, Rose Hill Public Schools  
Insurance and Medical Treatment Release Form  
For Students Participating in Activities  
2017-2018**

1. I am aware that USD 394 does not provide standard medical insurance coverage for students participating in athletics or extracurricular activities. USD 394 does provide catastrophic insurance coverage through KSHSAA for each participant with a \$25,000 deductible. The deductible amount will be the responsibility of the individual participants or their individual standard health insurance providers.
2. I am aware that athletic competition and practice can be a dangerous activity involving risk of injury. I understand that the dangers and risks of playing or participating include but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being. I understand that the danger and risks of playing or practicing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social or recreational activities, and to generally enjoy life.
3. Because of the dangers of all sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.
4. (I) (We) the parent(s) and/ or legal guardian(s) of \_\_\_\_\_, a student at USD 394, consent to and authorize, for the school year 2017-2018, any representative of Rose Hill Public Schools, to authorize medical treatment, including any necessary surgery or hospitalization, of (my) (our) above named dependent, for any injury or illness of any emergency nature, which he/she may incur while participating in activities sponsored by USD 394, by any physician and dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas Statutes Annotated 65-2801 and any hospital.  
  
(I) (We) agree to pay and assume all responsibility for all medical and hospital expenses and any services of an emergency nature, and charges that are incurred in the medical treatment or hospitalization or our dependent.
5. The undersigned, for and in consideration of the privilege of our undersigned dependent's being able to participate in athletics and other extracurricular activities at and for USD 394 during the school year 2017-2018, hereby covenant and agree to release and forever discharge USD 394, its agents, servants, employees, and volunteer coaches and assistant coaches, and Board of Education, from any claims, demands, losses, damages, costs, expenses, and attorney's fees for the injury to or the death of the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of playing or practicing in athletics and other extracurricular activities for USD 394.

A photocopy of this document shall have the same force and effect as the original.

**Continued on the other side**

(I) (We) the undersigned, having read and understood the warning, the agreement to obey instruction, and the release, do agree and consent to participation for USD 394. (I) (We) execute it voluntarily and with full knowledge of its significance.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian's Signature

### Medical Information

Student's Name \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Please list an emergency contact name and phone number for a person responsible if parent/guardian is not available.

Name \_\_\_\_\_ Phone # \_\_\_\_\_