



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

### CONSENT TO PARTICIPATE - MEDICAL AUTHORIZATION & RELEASE

**Consent to Participate:** My student \_\_\_\_\_ has my permission to participate in school activities at and away from Kauffman Leadership Academy, including transportation to and from these activities in public or private vehicles. I understand that rules regarding dress, language, and conduct may be established for participants in those activities. I agree to instruct my child to abide by those rules, and I acknowledge that the failure to follow those rules may result in my child's loss of the right to participate in those activities.

**Medical Authorization:** In the event that my child is injured, becomes ill or for any reason appears to be in need of medical care, I (1) authorize Kauffman Leadership Academy and its staff sponsors, employees and agents to transport my child to a hospital or other medical facility; and (2) consent to any medical care or treatment (including diagnostic procedures, x-rays, treatments and operative procedures) which that person or the attending physician or medical care provider deems advisable, whether or not an emergency is deemed to exist.

I understand that an original or copy of this document may be presented to a physician, dentist, hospital employee or other medical care provider at the time that the medical, dental or surgical care is authorized, and that this authorization relieves the physician, dentist, hospital or other medical care provider from any liability resulting from the lack of specific authorization from me for that care or treatment. I also understand that this authorization relieves Kauffman Leadership Academy, its staff, sponsors, employees, agents, representatives, officers and board members of any liability related to any medical treatment provided to my student. I assume responsibility for payment of any medical care of treatment or related costs.

**Release:** I understand that, while reasonable attempts will be made to create a safe environment for these activities, the teachers, sponsors, employees and agents of Kauffman Leadership Academy cannot observe or control every condition or the actions, statements, and behavior of every participant. I RELEASE KAUFFMAN LEADERSHIP ACADEMY AND ITS STAFF, SPONSORS, EMPLOYEES, AGENTS, REPRESENTATIVES, OFFICERS AND BOARD MEMBERS FROM ANY AND ALL LIABILITIES, CLAIMS, DAMAGES AND CAUSES OF ACTION OF ANY NATURE ARISING FROM OR RELATED TO THE PARTICIPATION BY ME OR MY CHILD IN SAID ACTIVITIES AND WILL HOLD THEM HARMLESS FROM ANY LIABILITY WHICH MAY ARISE FROM ANY INCIDENTS OR ACCIDENTS INVOLVING MY STUDENT TO THE EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

PLEASE COMPLETE INFORMATION ON BOTH SIDES

**STUDENT INFORMATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email: \_\_\_\_\_

**EMERGENCY CONTACT**

If neither parent/guardian above is available, please attempt to contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**PHYSICIAN & INSURANCE INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_  
Policy Number \_\_\_\_\_

**MEDICAL & OTHER INFORMATION**

Medications that your child takes regularly \_\_\_\_\_  
\_\_\_\_\_

Any medical conditions your child has that a physician should know about before treating your  
child \_\_\_\_\_  
\_\_\_\_\_

Other pertinent information \_\_\_\_\_  
\_\_\_\_\_