CCDHS Parental Medical Release

STUDENT: _____ **CLASS OF** ___**20**_____
[Last Name] [First Name] [Middle Name]

PARENT/GUARDIAN: _____ Student's Birthdate _____

ADDRESS: _____ **PHONE** (work)_____ (home) _____

EMERGENCY NAME: _____ PHONE _____

FAMILY DOCTOR: _____ PHONE _____

INSURANCE COMPANY_____ POLICY # _____

My child, named above, is a student enrolled at Custer County District High School in Miles City, Montana. We, the parents/guardians of said student, hereby release, indemnify and hold harmless Custer County District High School, its Board of Trustees, employees and agents from any responsibility or liability for personal injury, illness or accident including injury to person or property during the period of time that the above named child is enrolled at CCDHS and/or participates in any school sponsored programs, including curricular and activity programs.

We, the parents/guardians of the student above named, authorize any licensed physician and/or medical personnel, designated by school authorities, to render necessary medical treatment for any illness or injury occurring to the above named student while under the supervision of any Custer County District High School employee or representative. This consent shall be valid for the entire period that the above named student is enrolled at Custer County District High School.

DATED this _____ day of _____, 20____.

SIGNATURES:

_____ _____ _____

Parent/Guardian Parent/Guardian Student