

THE FINE PRINT

To be completed by student

Name: _____ Grade: _____

Phone: _____

Activity/Activities: _____

II. To be completed by parent

I grant permission for my son/daughter to participate in the above intramural activity. I understand that my son/daughter may be responsible for providing his/her transportation to and from the event. By signing below I hereby release the Intramural Director, Intramural Staff and Hilliard City Schools from any and all liability from incidents, accidents or injuries that may occur while participating in intramural activities.

Parent Name: _____ Phone: _____

Parent Signature: _____ Date: _____

III. EMERGENCY MEDICAL AUTHORIZATION Part I (To Grant Permission)

In the event that reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give consent (1) for the administration of any treatment deemed necessary by our preferred physician or dentist, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) for the transfer of the child to our preferred hospital or hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Other Parent Name: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____

Parent Signature: _____ Date: _____

**List Allergies/Medical conditions if applicable

IV. To Deny Permission

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take no action, or to:

Parent Signature: _____ Date: _____