

**RAYMOND CENTRAL PUBLIC SCHOOLS**  
**Parent Permission for School Sponsored Activity and Consent to Medical Treatment**

(Student name) \_\_\_\_\_ has our permission to participate in all Raymond Central Public School sponsored activities / field trips / events for school year \_\_\_\_\_ - \_\_\_\_\_. I understand the nature of each school activity in which my son/daughter may be participating in and that he/she is expected to abide by all the school rules and regulations during the course of each activity.

I further agree that in the event of an accident, illness or any other circumstances requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

**Medical Information**

Important information the school should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to Drugs/Foods \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Last Tetanus Booster (Required) \_\_\_\_\_

I (we), the undersigned parent, parents, or legal guardians of \_\_\_\_\_, a minor, do hereby authorize and consent to ambulance service, any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care or dental attention which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and/or emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

In an emergency, please call \_\_\_\_\_ at number \_\_\_\_\_.

Persons responsible for participant's medical bills are: \_\_\_\_\_

\_\_\_\_\_ A copy of current insurance card is attached.

\_\_\_\_\_ I have insurance through \_\_\_\_\_, but do not wish to copy card.

If the student does not have medical insurance, please sign here \_\_\_\_\_

By signing, I fully understand the above liability, responsibility, and financial obligation of all parties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature