

**STUDENT INFORMATION**

**Renwick USD 267 9-12 Medical Information/Release Form**

**Student Last Name:          Student First Name:          Student Middle Name:          Preferred Name:**

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**Grade:   Gender:   DOB:          Birthplace:          Student Cell Phone:          Social Security Number:**

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**Parent/Guardian Information (student resides with):**

**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Emergency Contacts:**

**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Last Name:          First Name:          Home Phone:          Cell Phone:          Work Phone:          Relationship:**

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**Hospital Preference:          Family Doctor:          Doctor's Phone Number:**

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**Renwick Dental Screening - In Compliance with Kansas State Statute 72-5201**

<input type="checkbox"/>	I opt my child out of the dental screening	<input type="checkbox"/>	I would like my child to receive dental screening
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**Medical Conditions - Please list any medical conditions pertaining to your student:**

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**Medications - Please list any medication that your student takes:**

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**Allergies - medications, food, etc.:**

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**Kansas Immunization Registry:** I give consent for immunization information to be included to be included in the Kansas Immunization Registry for the purpose of assessment and reporting.  
**Assumption of Risk:** I understand the dangers inherent in and the potential for injury involved during participation in interscholastic sports while at Renwick High Schools. I am fully aware and understand that participation in interscholastic sports carries with it the risk of injury, ranging from minor sprain/strain, contusion, laceration, etc.; joint injuries with or without significant internal derangement; fractures and dislocations; catastrophic injuries resulting in permanent disability of one or more joints, paralysis, and possibly death. As the parent/legal guardian of the above mentioned student, I understand the aforementioned warning statement and give my permission for my son/daughter to participate in interscholastic sports at Renwick High Schools. I agree that Renwick High Schools and/or any of its employees or representatives will not be held responsible in any way in the event of bodily injury to my son/daughter.  
**Emergency Medical Release:** I give my permission to take my son/daughter to the nearest doctor and/or hospital in case of an emergency if I cannot be reached and the need arises.  
**Insurance Waiver Information:** Renwick USD 267 does not provide health insurance for students. Supplemental health care insurance information may be provided through the Renwick High Schools' offices. I understand that I am responsible for any and all medical bills with or without the supplemental health care insurance that can be purchased in addition. I understand that insurance provided through the KSHSAA is a \$25,000.00 deductible policy.  
**Athletic/Academic Eligibility Policy:** (Participation in any extracurricular activity). The student must have passed 4 or 5 subjects from the previous semester in order to be eligible the following semester. The student must also be enrolled in 5 new subjects for the new semester (listed in the student handbook/planner).  
**Athletic Injury Evaluation and Treatment:** I hereby give permission for the Certified Athletic Trainer (whoever the negotiated contract provider is) to evaluate and treat (up to and including ultrasound and electrical stimulation) my son/daughter for athletic injuries.  
**Sportsmanship:** I have read the KSHSAA Sportsmanship Rule 52 & agree to abide by it and do nothing at events/activities which embarrass Renwick Schools-listed in the student handbook.  
**Road Running Waiver:** I hereby give my consent for my child to participate in any athletic conditioning and training programs which may include running off school premises. I realize that my child is responsible for using safety precautions in the running on the streets and roadways. Understand that my child has been informed of appropriate safety rules, including information concerning possible injury and/or death. USD 267 assumes no liability for such injuries or death in case of an accident.

**Parent Acknowledgement / Release: By signing below, I acknowledge that I have read and shared the above information with my student.**

**Parent/Guardian Signature:          Date:**

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