

**Kennewick School District 17**  
**STUDENT EMERGENCY INFORMATION**

**MEDICAL PERMISSION - INSURANCE AUTHORIZATION - TRAVEL PERMISSION**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Student Birth Date \_\_\_\_\_ Activity \_\_\_\_\_  
Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AND INSURANCE AUTHORIZATION**

As the parent/guardian of the above named student, my signature on this form authorizes any emergency medical treatment by a licensed medical physician and/or medical facility in the event of accident, illness or injury.

**Does the supervising person have your permission to seek medical attention from the nearest licensed physician and/or medical facility?**  
 Yes, parent/guardian initial \_\_\_\_\_  
 No, parent/guardian initial \_\_\_\_\_ Please specify below the procedure you wish the supervising person to follow:

I am aware that Kennewick School District does not provide medical insurance coverage for accidents/injuries resulting from participation in school and/or school-related activities. As the parent/guardian of the above named student, I accept full responsibility for the cost of treatment for any accident, illness or injury which my student may suffer while participating in school/school related activities.

I understand that my student must maintain adequate medical insurance coverage in order to participate in interscholastic athletics/activities, and that it must be kept in force throughout the sport/activity season.

<b>HEALTH ALERTS - Parents must note any medical conditions below</b>	
<input type="checkbox"/> Voluntary School Medical Insurance Protection <input type="checkbox"/> Medical Coupons <input type="checkbox"/> Family Medical Insurance	Date of last Tetanus booster: _____ Medication Allergies: _____ Other Allergies: _____
<b><u>MEDICAL CONDITIONS:</u></b>	
<b><u>CURRENT MEDICATIONS:</u></b>	

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital:     Trios Health     Kadlec Regional Medical Center     Pasco Our Lady of Lourdes

**Telephone number where each parent/guardian can be contacted:**

Father/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

**STUDENT TRAVEL PERMISSION**

Kennewick School District has my permission to transport my son/daughter by District Bus/Vehicle, Private Vehicle and/or Rental Vehicle.

\_\_\_\_\_  
(Signature of Parent/Guardian )

\_\_\_\_\_  
(Date)