

PARENTS' PERMISSION FOR TRAILBLAZERS RUNNING CLUB

We understand the plans for taking the Trailblazer's Running Club from the Rimersburg Elementary School to run throughout the Rimersburg Community on scheduled practice days for the _____ school year under the supervision of Union School District Instructor, Melissa Anderson, Elementary School Counselor (Running Club Advisor).

I give my consent for my child, _____, to become a member of the Trailblazer Running Club and understand and agree that in the event my child sustains an injury in connection with this club, the School Board and School authorities of the Union School District will not be liable in any way.

CONSENT FOR MEDICAL TREATMENT

The purpose of this consent form is to permit the treatment of minors who become ill or injured and seek medical care when the parents or guardians cannot be reached for the purpose of giving consent to such treatment. Although every attempt will be made to contact the appropriate person listed below, this form will allow the minor to be treated promptly in the event that the appropriate person cannot be contacted.

I, _____ of _____
(Name) (Address)
_____, of _____
(Father, Mother, Legal Guardian) (Minor's Name)

and in the event he/she has an injury or illness and needs medical care, and all reasonable attempts to contact me at _____ or to contact _____ at _____
(phone number) (Other Parent or Legal Guardian) (phone number)

for consent to the treatment have been unsuccessful, I consent to the following:

- 1) The administration of any and all necessary medical treatment by a licensed physician or dentist either at his/her office or at a hospital; and
- 2) The transfer of the minor, if necessary, to a specialty hospital, such as Children's Hospital, a burn center, etc.

I consider the below listed information as something that should be known in determining the proper treatment to be given to the above listed minor:

Family Physician: _____ Phone #: _____

Last Tetanus Immunization: _____ Allergies: _____

Medication being taken: _____

Physical Impairments: _____

Insurance Company: _____ Policy#: _____

Other facts that you deem necessary: _____

Date: _____ Signature: _____
(Parent or Legal Guardian)