

**Kit Carson School District R-1**

In an effort to condense paperwork, please complete ALL information. It is very important that the medical information towards the bottom is updated and current. Sign at the bottom to complete.

**PARENTAL CONSENT FORM FOR MEDICAL INFORMATION AND TREATMENT**

As the parent or legal guardian, I give my consent for medical and surgical treatment of this minor in a licensed hospital by a Colorado licensed physician should his/her condition so require in my absence. I understand that in such a case, reasonable attempts will be made to contact me, time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or condition involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow \_\_\_\_\_.

**PHOTO/VIDEO CONSENT**

I hereby give my permission to Kit Carson School District R-1 to publish photographs and/or videos of my student. I understand that such publication may occur through school and/or district newsletters, media releases, public reports, district websites, as well as through other school related publications and events. I also waive any rights of compensation or ownership.

| Enrollment Form for Kit Carson Elementary   |             |               |         |   |             |
|---|-------------|---------------|---------|---|-------------|
| First Name:   |             | Middle:       |         | Last Name:  |             |
| Preferred Name:   |             | Grade:        |         | Birth Place:                      DOB:                      |             |
| Race:                      Amer. Indian or Alaska Native                      Asian                      Black or African American                      Native Hawaiian/Pac Islander                      White                      ( <i>underline</i> ) |             |               |         |   |             |
| Hispanic/Latino? Yes No ( <i>underline one</i> )  |             | Gender:       |         | Home Lang.:   |             |
| Access Internet?  |             | Cell #        |         | Email:  |             |
| PRIMARY HOUSEHOLD (STUDENT RESIDES AT)  |             |               |         |   |             |
| Mailing:  |             |               | Street: |   |             |
| City:   |             | State:        | Zip:    | City:   |             |
|   |             |               |         |   |             |
| <i>Information for adults living at the above address.</i>  |             |               |         |   |             |
| Name:   |             | Relationship: |         | Employer:   |             |
| Work #  |             | Cell #        |         | POL Account:                      Receive Printed Mailings: |             |
| Email:  |             | Wk Email:     |         | Home #  |             |
| Name:   |             | Relationship: |         | Employer:   |             |
| Work #  |             | Cell #        |         | POL Account:                      Receive Printed Mailings: |             |
| Email:  |             | Wk Email:     |         | Home #  |             |
| ALTERNATE HOUSEHOLD (NON CUSTODIAL)   |             |               |         |   |             |
| Mailing:  |             |               | Street: |   |             |
| City:   |             | State:        | Zip:    | City:   |             |
|   |             |               |         |   |             |
| <i>Information for adults living at the above address.</i>  |             |               |         |   |             |
| Name:   |             | Relationship: |         | Employer:   |             |
| Work #  |             | Cell #        |         | POL Account:                      Receive Printed Mailings: |             |
| Email:  |             | Wk Email:     |         | Home #  |             |
| ALTERNATE HOUSEHOLD (NON CUSTODIAL)   |             |               |         |   |             |
| Mailing:  |             |               | Street: |   |             |
| City:   |             | State:        | Zip:    | City:   |             |
|   |             |               |         |   |             |
| <i>Information for adults living at the above address.</i>  |             |               |         |   |             |
| Name:   |             | Relationship: |         | Employer:   |             |
| Work #  |             | Cell #        |         | POL Account:                      Receive Printed Mailings: |             |
| Email:  |             | Wk Email:     |         | Home #  |             |
| Name:   |             | Relationship: |         | Employer:   |             |
| Work #  |             | Cell #        |         | POL Account:                      Receive Printed Mailings: |             |
| Email:  |             | Wk Email:     |         | Home #  |             |
| EMERGENCY CONTACTS: Enter additional contacts not listed above.   |             |               |         |   |             |
| Name:   |             | Relationship: |         | Email:  |             |
| Home #  |             | Work #        |         | Cell #  |             |
| Emergency Medical Information   |             |               |         |   |             |
| Physician:  |             | Phone:        |         | Hospital:   |             |
| Medical Notes:  |             |               |         |   |             |
|   |             |               |         |   |             |
| Daycare Information (if applicable)   |             |               |         |   |             |
| Provider:   |             |               |         | Phone:  |             |
| SIBLINGS (other students living at same address)  |             |               |         |   |             |
| First Name  | Middle Name | Last Name     | Grade   | Birthdate   | School Name |
|   |             |               |         |   |             |
|   |             |               |         |   |             |

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_