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

Completed By: ___

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.

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First Name:		Middle:		Last Name:			
Preferred Name:		Grade:		Birth Place;		DOB:	
Race: Ame	er, Indian or Alaska Na	itive Asian Black	k or African America	n Native Hawaiia	n/Pac Islander	White (underline)	
Hispanic/Latino? Yes No	(underline one)	Gender:		Home Lang.:			
Access Internet?		Cell #		Email:			
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Work #		Cell #		POL Account:	Rece	eive Printed Mailings:	
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Signature: ___

Date: