

**Yale Public Schools Authorization for Emergency Treatment**

**Student's Name** \_\_\_\_\_

*In case of an emergency occurring, authorization is given for the nearest medical facility, as identified by the supervising school official, to provide emergency treatment. I also authorize officials to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child is a student in the Yale Public Schools district, unless notified of a change by me in writing.*

**Signature of Parent or Guardian** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

*Person to contact if Parent or Guardian is not available:*

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Primary Number** \_\_\_\_\_

**Other Number** \_\_\_\_\_

*List any serious illness, allergies, defects or any daily medication requirements your child has that should be known by school officials and emergency personnel.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the appropriate blank and provide and complete all information needed in the form below.

\_\_\_\_\_ This is to certify that my child is covered by the following accident insurance,

Company \_\_\_\_\_ Policy Type \_\_\_\_\_

and has my permission to participate in all school extracurricular activities. It is agreed that the school will be relieved of all responsibility in the event of injury.

\_\_\_\_\_ This is to certify that we have NO INSURANCE POLICY which will cover my child. However, my child has my permission to participate in all school extracurricular activities. It is further agreed that the school will be relieved of all responsibility in the event of injury.

Signature of Parent or Guardian \_\_\_\_\_

### Yale Public Schools Permission Form

I give permission for \_\_\_\_\_ to participate in organized extracurricular activities at Yale Public Schools. I realize that such activities require transportation outside the school district and involves the potential for injury which is inherent in all extracurricular activities. I acknowledge that even with the best instructing, use of safe and proper equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

It is agreed that Yale Public Schools, the Oklahoma Secondary School Activities Association, the Organization of Rural Elementary Schools, member and associate schools and their representatives shall not be liable for injury due to students participating in activities under their supervision.

Signature of Student \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_