

**RSU 22
STUDENT EMERGENCY MEDICAL CARE
ACKNOWLEDGEMENT AND AUTHORIZATION**

I give my consent for the school and its employees to act in my place in all respects and with all immunities should the need arise during the course of this activity or related travel. This shall include, but not be limited to obtaining medical care.

Student Name: _____ **Activity:** _____
Parent/Guardian Signature: _____ **Tel(H)** _____ **(W)** _____
Parent/Guardian Signature: _____ **Tel(H)** _____ **(W)** _____
School Insurance: Yes _____ **No** _____ **Grade:** _____ **D/O/B** _____
Personal Insurance Company: _____
Policy or Certificate No. _____ **Group No.** _____
Personal Physician: _____ **Telephone No.** _____
Any medical problems (such as allergies): _____
