

Golden Plains

Charles Keller, Superintendent

Travis Smith, Administrative Assistant

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785-687-3265 Fax (785) 687-2285

Unified School District 316

I, _____, the parent and legal guardian of _____ give my consent for my child to participate in the activity described here:

on _____ (date). I further give my legal consent and authorize any representative of USD #316, Golden Plains School, to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that USD #316, Golden Plains Schools, is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

Signed: _____ (Parent/Legal Guardian)

Date: _____