

Burrell High School Volleyball
Personal Liability, Medical Release Form and Photo Permission Form

Name: _____

Address: _____

Phone: _____

Date of Birth: _____ Grade: _____

Parents: _____

Medical Information
Permission for Emergency Treatment

Known Medical Problems/Allergies: _____

Family Physician: _____ Phone: _____

Medical Insurance: _____

Policy Number: _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

This form should enable your child to receive emergency treatment if taken to the hospital by medical personnel. I, _____ give permission for my child _____ to be treated in the event of an injury or illness requiring emergency care.

Parent Signature: _____

- I hereby agree to release the Burrell School District, its representative and agents, servants and employees from liability for any injury to the above named person, resulting from any cause whatsoever occurring to above named person at any time while attending this school-related activity, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants and employees.
- I do voluntarily authorize the Burrell School District, assistants and/or designees to administer and/or obtain routine or emergency diagnostic procedures, and/or routine or emergency medical treatment for the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.
- I agree to indemnify and hold harmless the Burrell School District and/or assistants and designees from any and all claims, demands, actions, rights of actions, and/or judgments by or on behalf of the above named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.
- I agree that my child's photograph may be taken and displayed on the Burrell Site and/or local newspaper or other published materials.

Having read and understood this form, I do hereby agree to follow the procedures and practices described.

Parent or Guardian (please sign)

Date