

KLEIN INDEPENDENT SCHOOL DISTRICT
LEGACIES TRYOUT MEDICAL RELEASE FORM

Candidate Name: _____ Candidate Cell: _____

Candidate email: _____

Age: _____ Address: _____
Street City Zip

Subdivision: _____

Mother's Name: _____ Mother's Cell: _____

Mother's email: _____

Father's Name: _____ Father's Cell: _____

Father's email: _____

Step parent information if applicable: _____

Family Physician: _____ Office Phone: _____

Address: _____ Emergency Phone: _____

Name of a relative who can be contacted if parent or guardian cannot be reached:

Name: _____ Relation: _____ Phone: _____

Insurance Policy with: _____

Company

Policy

Medical notes:

Health issues and/or current medications that director should be aware of:

I give permission for my dancer to be given medicine such as Tylenol, Advil, Motrin, Aleve, Midol, Tums, GasX, etc. for minor aches/pains. _____ **Parent's initials**

Food or medicine allergies:

Part II – ACTIVITY AGREEMENT

The undersigned, being the parent or legally appointed and qualified guardian of _____, a student in the Klein Independent School District, does hereby consent to said student's participation in all dance team events and programs conducted by the district during the 2018-2019 school year. I herewith grant permission for school employees to secure medical services for the above named student, if necessary. The student listed above has my permission to make all trips related to dance team in a school vehicle, public transportation or private conveyance. I further agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student may receive while participating in all dance team events, practice sessions, or while traveling to and from such events. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. The undersigned agrees to be responsible for the safe return of all dance team equipment issued by the school to the above named student.

_____ Date

_____ Signature of Parent/ Guardian