



Consent to Participate and Consent for Treatment

I, _____, give my consent for my child _____,
Parent/Legal Guardian Student

to participate in Rise Up Reno activities including meetings and activities held during and outside of school hours and all activities held off school campus, during the 2021-2022 school year.

I further give my legal consent and authorize a representative of USD 308, USD 312, USD 313 or Rise Up Reno 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 activities 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 other emergency services incurred on behalf of my child. I acknowledge and agree that neither USD 308 USD 312, USD 313 or Rise Up Reno are 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 and/or Rise Up Reno personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work and home phone numbers to the school and Rise Up Reno.

I am aware that each event may have different requirements for adult sponsors based on ages of youth and the activity. I give my standing permission for my child to attend Rise Up Reno events which may have only one or two adult sponsors.

(Parent or Legal Guardian) (Date)

Students Full Name _____ D.O.B. _____

Health Insurance Co. _____ Policy Number _____

Contact #1

Name (Print) _____ Cell Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Contact #2

Name (Print) _____ Cell Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Please note any allergies or necessary health concerns: