

Butte High School Activity Information**Date**

Student's Name _____ Grade _____ Age _____ Birth Date _____

Activity _____ Coach's/Sponsor's Name _____

Student Consent

I agree to abide by all policies governing organized activities during my participation in any extracurricular or co-curricular activities this school year, as approved by School District #1.

Student Signature _____

Date _____

Parental Consent

My daughter/son will travel under the coaches' direction and authority from the time of departure until the time of return.

I hereby permit my daughter/son to participate in the activity on the above date and will assume full responsibility for any results of the activity. She/he will accept and abide by all policies governing organized activities as approved by the school staff and board of trustees.

I give my permission to Butte High School Staff to seek medical treatment for my daughter/son in case of injury or illness which is incurred while participating in school sponsored activities if I cannot be reached to give my consent. I hereby authorize the mutual exchange of information between Butte School District #1 and my child's Health Care Providers/Medical Clinics.

Signature of Parent or Guardian _____

Date _____

Insurance Arrangements (Please Check One)

My daughter/son will purchase the insurance policy offered through the school.

My daughter/son is fully covered by insurance and the school will not be liable for any injury that occurs during the activity or travel to and from the activity.

Name of Insurance Company _____ Policy Number _____

Emergency Information (Please Print)

Father/Guardian _____ Phone _____ Work Phone _____

Address _____

Mother/Guardian _____ Phone _____ Work Phone _____

Address _____

Emergency Contact _____ Phone _____ Work Phone _____

Address _____

List Student's Allergies to Medication _____

Last Tetanus _____