



Butte Central Catholic Schools

School Activity Permission Form/ Emergency Medical Treatment Authorizations

Please type or print all information. This form is required for all Butte Central Students attending a school sponsored event or activity. This form must be completed by the parent, legal guardian, or person in *loco parentis* for the students.

<p>Student</p> <p>Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name Middle Initial </small></p> <p>Mailing Address _____ <small style="display: flex; justify-content: center; width: 100%;"> Street Address </small></p> <p>City _____ State/Province _____ Postal Code _____ Nation _____</p> <p>Sex(circle one) F M Height _____ Weight _____</p> <p>Birth Date: Month: _____ Day: _____ Year: _____</p>	<p>Emergency Information</p> <p>Contact _____</p> <p>Relationship _____</p> <p>Daytime # _____</p> <p>Night time # _____</p> <p>Alternate Contact _____</p> <p>Relationship _____</p> <p>Daytime # _____</p> <p>Night time # _____</p>
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Medical Information

Health Insurance Company _____ Policy # _____

Group Name on Insurance Coverage _____

Telephone number or other contact information shown on insurance card _____

Will you student be taking any prescription medication or over-the-counter drugs of any type? _____

If yes. Please explain _____

Has he/she ever been or currently being treated for (circle "Yes" or "No")?

Nervousness?	Yes No	Rheumatic Fever?	Yes No	Asthma?	Yes No
Convulsion or epilepsy?	Yes No	Cancer or Tumors?	Yes No	Diabetes?	Yes No
Heart Condition?	Yes No	Headaches?	Yes No	Allergies to medication?	Yes No
High Blood Pressure?	Yes No	Fainting Spells?	Yes No		

List any allergies or other medical conditions of which we need to be aware _____

Activity or Activities student will participate in: _____.

Coach or Sponsor: _____.

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 Butte Central Catholic High School.*

Student Signature: _____ Date: _____

My Son/Daughter will travel under the advisers' direction and authority from the time of departure until the time of return.

I hereby permit my son/daughter to participate in the activity or activities listed above. I will assume full responsibility for students conduct and willing travel to pick he/she up from the activity if deemed necessary by the coach/advisor. He/She will accept and abide by all policies governing organized activities as approved by the school staff and school council.

I give my permission to Butte Central Staff to seek medical treatment for my Son/Daughters in case of injury or illness which is incurred while participating in school sponsored activities if I cannot be reached to give my consent.

Signature of Parent or Guardian

Date