

MEDICAL RELEASE

BOULDER JUNIOR HIGH SCHOOL

PO BOX 1346
BOULDER, MT 59632

To: Parents and/or Guardians of Students Representing Boulder Junior High School in Activity Programs.

Recently, it has become exceedingly difficult to obtain medical services for students injured when competing without first obtaining parental/guardian consent in writing. So that proper emergency assistance may be provided, we ask that you review the following statement, sign and return to the Grade School.

I hereby authorize Boulder Junior High School and its faculty members in charge of my child named below, to obtain all necessary emergency medical care for my child and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

STUDENT'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE: _____

This student's allergies, medical problems or medications are: _____

Signed: _____

Parent and/or guardian signature must be notarized

Notary Stamp

Signature: _____

Printed name: _____

Notary for the State Of: _____

Residing At: _____

Commission Expires: _____