

EAST BATON ROUGE PARISH SCHOOL SYSTEM
Parent/Legal Guardian Grantor of Permission for Student Participation

SECTION 1
TO BE COMPLETED BY SCHOOL

(School Name)

(Date From)

(Date To)

(Description of Activity)

SECTION 2

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN

I do hereby grant permission for the following student to attend and participate in the described activity.

(Print Student Name)

(Student ID Number)

(Print Parent or Legal Guardian Name)

LEGAL RELATIONSHIP

Check one: Parent Legal Guardian

(Date)

(Signature of Parent or Legal Guardian)

Check one: I will provide my child with a bagged lunch.

Please have the cafeteria provide a lunch.

SECTION 3

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN
AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

The school board or its representatives are authorized to render necessary medical treatment to the student listed above relative to any injury sustained in the course of the above activity.

(Signature of Parent or Legal Guardian)

SECTION 4

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN
RELEASE OF MEDICAL RECORDS AND REPORTS

You or any physician, hospital, clinic or medical care provider are authorized to furnish to the East Baton Rouge Parish School Board, all medical records, information, facts and particulars which may be requested and to furnish them copies of such.

This information is to be used for the purposes of evaluating and handling this student's claim of injury as a result of the accident on the date indicated in Section 5. A photocopy of this form may be accepted with the same authority as the original.

(Signature of Parent or Legal Guardian)

SECTION 5

TO BE COMPLETED BY PHYSICIAN IN THE EVENT OF INJURY

(Date of Injury)

(Initial Diagnosis)

(Signature of Physician or Authorized Representative)

(Date)

(Name of the Medical Facility)

(Address of the Medical Facility)

(Phone Number of the Medical Facility)