Athletic Emergency Info/Medical Release to Treat
Photo, Video and News Release

Emergency Information:

Student Name: _____ Age: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone : _____ Cell: _____ Parent Work Phone: _____

In case of emergency, contact: _____

Insurance provided by: _____ _____
Company Contract/Group #

Allergies (if any): _____

Family physician: _____ _____
Name / Office Phone #

In the event of a medical emergency during my absence, I authorize _____ High School to proceed with emergency medical services deemed necessary for my child, _____.
Name of child

Authorization for Medical Treatment: _____ is a student athlete in Union County Public Schools and may, from time to time, require treatment for illness or injury. In the interest of providing quality health care in a timely and efficient manner for said student athlete, the undersigned do hereby authorize the duly constituted agents and employees of Union County Public Schools to obtain for said student athlete emergent or urgent medical services of whatever type or kind are deemed to be necessary for the benefit and well being of said student athlete, including care provided by the school's certified athletic trainer. It is understood and agreed that the agents or employees of Union County Public Schools are hereby authorized to obtain medical care and treatment of the herein named student athlete, and in the event surgery is required, shall attempt by reasonable means of communication to contact the next of kin of the herein named student athlete prior to authorizing such surgery. It is understood and agreed, however, that in the event the next of kin of said student athlete are unavailable or cannot be present to authorize such surgery and related treatment, by execution of this agreement, the said next of kin of the herein named student athlete do hereby authorize the duly constituted agents and employees of Union County Public Schools to request and authorize surgery and related medical treatment for said student athlete. It is further understood and agreed that the undersigned hereby grant to the duly constituted agents and employees of Union County Public Schools sole discretion in the selection of medical doctors, clinics or hospital for the treatment of said student athlete in the event of an emergency.

UCPS Photo, Video and News Interview Release Form: I do hereby grant to Union County Public Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal and external promotion and informational activities of Union County Public Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external media in relation to any and all coverage of Union County Public Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the Union County Public Schools Internet/Intranet Web Pages and/or UCPS publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of above stated material(s).

_____ ___/___/_____ _____
Parent/Custodian Name Printed **Date** **Parent/Custodian Signature**