

**RUIDOSO MUNICIPAL SCHOOLS
PERMISSION/EMERGENCY CONSENT**

I give _____ permission to participate in any school activity for the 20____ - ____ school year. I certify that I have adequate insurance or financial ability to cover any accident or injury sustained in this activity.

CHECK ONE:

- _____ I have a private (or group) medical/accident policy
- _____ I have school insurance
- _____ I am self-insured

In case of an emergency involving my child when I cannot be reached, I hereby give consent to transport my child to the medical care providers and hospital listed on the "Child's Medical History" form, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary. If, for any reason, the listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. The authorization does not cover major surgery unless one other doctor/dentist concurs to the need.

It is understood that normal and reasonable precautions will be taken to ensure my child's safety. With these precautions in mind, my signature attests that I will hold harmless and exonerate the school from any liability, including court costs and attorney's fees, in case of injury or accident and that I will assume these responsibilities.

Parent/Guardian Signature: _____ Date: _____

LIMITED POWER OF ATTORNEY

STATE OF NEW MEXICO
COUNTY OF LINCOLN

The undersigned do hereby authorize and consent that any representative of the Ruidoso Municipal Schools act on our behalf in all ways and means for the limited purpose of authorizing and permitting hospitalization or necessary administration of medication and/or medical treatment to my child, during the 20____ - ____ school year.

Parent or Guardian signature _____ Date _____

COMPLETE THE FOLLOWING HEALTH INFORMATION

Family Doctor _____ Phone: _____

Known allergies: _____

Medication now being taken: _____

In case of emergency contact: (Parent or guardian) _____

Phone: (home) _____ (work) _____

Health Insurance Company: _____ Policy # _____