NORTH KANSAS CITY SCHOOLS
MEDICAL RELEASE FORM

Participants in grades K-12 complete the following:

Student Name:_____ Grade Entering in August:_____

Student Date of Birth:_____ School Student Attends:_____

Student Address:_____

Home Phone:_____ Work/Cell:_____

Parent or Legal Guardian Name:_____

Home Phone:_____ Work/Cell:_____

Other Emergency Contact Name:_____ Relationship to Student:_____

Home Phone:_____ Work/Cell:_____

Medical Insurance Company:_____

Policy Number:_____

I, the undersigned, being the parent or legal guardian of _____,
allow him/her to participate in the Staley Summer Camp participating
in _____.

Parent/Legal Guardian Signature:_____ Date:_____