



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: _____