



Provo School District  
Release Form

4006 F3

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone Number Day \_\_\_\_\_  
Evening \_\_\_\_\_  
Cell \_\_\_\_\_

Parent Medical Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Please list any health issues or medications being taken that the activity advisor should be aware of. (If so, please give instructions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Activity)

\_\_\_\_\_  
(Dates of Activity)

*This is to certify that my student has permission to attend the above named activity. In the unlikely event that my student becomes ill or is injured, I authorize the advisor(s) of this activity to act as my agent to secure the services of a physician, dentist or hospital and to incur the expenses for necessary services. I will provide for payment of these costs. (The activity advisor will contact the parent or guardian as soon as is reasonably possible should medical attention be necessary.)*

*It is understood that students who violate conduct or eligibility rules or who act in a manner that is detrimental to the safety or well-being of others may be sent home at the parent's expense.*

**I have read and agree to abide by the conditions stated above.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature