



## Medical Treatment Permission & Video/Photo Release

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_

MEDICAL INFO/ALLERGIES: \_\_\_\_\_

### Medical Treatment Permission

I give permission for event organizers to seek medical treatment and provide consent for such treatment if attempts to contact me (Emergency Contact) are unsuccessful.

### Video / Photo Release

I assign all rights to the still images, videotape and sound recording made of the named student above during this event by the Sacramento Educational Cable Consortium (SECC) and hereby authorize the reproduction, copyright, exhibition, broadcast, cablecast, webcast, and/or distribution of this video and audio content and photos without limitation for educational programming and promotional purposes.

Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_