

**BRIGHT WATER SCHOOL**  
**Emergency Medical Authorization & Waiver Form**

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

**1. RELEASE FOR EMERGENCY MEDICAL TREATMENT**

I am the parent/legal guardian of the above-named student (“student”), a minor, who is participating in the After School Sports Program at Bright Water School. I do hereby authorize that my student be given emergency medical treatment to include first aid and CPR by a qualified staff member. I authorize Bright water School, in the event of a medical emergency, to contact Seattle’s Medic I, a licensed ambulance service, or a legal representative (employee) of the school, to transport my student to the emergency facilities of Seattle Children’s Hospital or Harborview Medical Center, or any duly licensed and accredited medical hospital. I authorize the physician or surgeon at said medical hospital to examine my student to administer emergency medical and to arrange for any consultation by a qualified specialist necessary to insure proper care of any injury.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

**2. WAIVER OF LIABILITY FORM**

I am the parent/legal guardian of the above-named student (“student”), a minor, who is participating in the After School Sports Program at Bright Water School.

I know my student’s physical capabilities and believe him/her to be physically qualified to participate in the After School Sports Program. I understand the inherent risks in my students’ participation in any sport activity and that such risks can lead to serious injury, disability or death. I expressly assume and accept the risks related to my student’s participation in the After School Sports Program. I agree to release, hold harmless, and indemnify Bright Water School and its employees, trustees, agents, volunteers and other representatives from all claims for any injury or damage resulting from any causes, including negligence, which arise out of my student’s participation in or travel to and from these activities. I accept full responsibility for all medical expenses and claims incurred as a result of my student’s participating in or travel to and from Bright Water School After School Sports activities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian