

**ROSE HILL HIGH SCHOOL
UNIFIED SCHOOL DISTRICT #394
104 N. ROSE HILL ROAD
ROSE HILL, KS 67133**

DATE: _____

SCHOOL: _____ PHONE: _____

_____ FAX: _____

PARENTS SIGNATURE: _____

Public Law 93-380, regarding the "Release of School Records", has been modified by SB 182, Article 5, Privacy of Public Records, 10947, which reads:

- A. Access shall per permitted to the following:
Officials and employees of the schools, or school system, including local, county, or educational programs leading to high school graduation are provided. Where the pupil intends to, or is directed to enroll subject to the rights of parents, is provided in section 10939.

Pursuant to the above, we are requesting a transcript of grades, credits earned and a explanation of your grading system, if not A, B, C, D, or F system. If a student withdrew during the school term, we definitely need to have their withdrawal grades and any credits earned to enroll them properly. Please include any psychological evaluation, special education and medical records.

_____	_____	_____
Name of Student	Date of Birth	Grade Level

Please include the following:

_____ **Transcript of grades**

_____ **Cumulative records**

_____ **Athletic eligibility**

_____ **Test results (to include
ESOL IPL/KELPA)**

_____ **Medical records**

_____ **Special Ed Records**

Registrar

Please send to:
Vickie Hull, Registrar
Rose Hill High School
104 N. Rose Hill Road
Rose Hill, KS 67133

Telephone #: (316) 776-3360
Fax#: (316) 776-3378

**USD 394, Rose Hill Public Schools
Insurance and Medical Treatment Release Form
For Students Participating in Activities
2022-2023**

1. I am aware that USD 394 does not provide standard medical insurance coverage for students participating in athletics or extracurricular activities. USD 394 does provide catastrophic insurance coverage through KSHSAA for each participant with a \$25,000 deductible. The deductible amount will be the responsibility of the individual participants or their individual standard health insurance providers.
2. I am aware that athletic competition and practice can be a dangerous activity involving risk of injury. I understand that the dangers and risks of playing or participating include but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being. I understand that the danger and risks of playing or practicing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social or recreational activities, and to generally enjoy life.
3. Because of the dangers of all sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.
4. (I) (We) the parent(s) and/ or legal guardian(s) of _____, a student at USD 394, consent to and authorize, for the school year **2022-2023**, any representative of Rose Hill Public Schools, to authorize medical treatment, including any necessary surgery or hospitalization, of (my) (our) above named dependent, for any injury or illness of any emergency nature, which he/she may incur while participating in activities sponsored by USD 394, by any physician and dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, Kansas Statutes Annotated 65-2801 and any hospital.

(I) (We) agree to pay and assume all responsibility for all medical and hospital expenses and any services of an emergency nature, and charges that are incurred in the medical treatment or hospitalization or our dependent.
5. The undersigned, for and in consideration of the privilege of our undersigned dependent's being able to participate in athletics and other extracurricular activities at and for USD 394 during the school year **2022-2023**, hereby covenant and agree to release and forever discharge USD 394, its agents, servants, employees, and volunteer coaches and assistant coaches, and Board of Education, from any claims, demands, losses, damages, costs, expenses, and attorney's fees for the injury to or the death of the undersigned dependent resulting from, growing out of, caused by, or arising in any manner out of playing or practicing in athletics and other extracurricular activities for USD 394.

A photocopy of this document shall have the same force and effect as the original.

Continued on the other side

2022-2023 School Year

(I) (We) the undersigned, having read and understood the warning, the agreement to obey instruction, and the release, do agree and consent to participation for USD 394. (I) (We) execute it voluntarily and with full knowledge of its significance.

Signed _____ Date _____
Student's Signature

Signed _____ Date _____
Parent or Guardian's Signature

Medical Information

Student's Name _____

Physician _____

Medical Insurance Provider _____

Preferred Hospital _____

Mother's Name _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Father's Name _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Please list an emergency contact name and phone number for a person responsible if parent/guardian is not available.

Name _____ Phone # _____