

Tri-County Schools

Independent School District 2358

ADMINISTRATION

Ryan Baron Superintendent & Principal
Heidi Hanson Dean of Students
Gary Taylor Activities Director
Kristina Hagen Business Manager
Tara Larson Payroll & Human Resources
Jennifer Johnston Administrative Assistant

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BOARD OF EDUCATION

Holly Burkel Chairperson
Jenalea Duray Vice Chairperson
Mark Koland Clerk
Denise Sollund Treasurer
Stephen Murray Director
Raeya Hanson Director
Jenna Caldwell Director

Permission for Medical Treatment 2020-2021

Athlete's Name: _____ Grade: _____

Sports: _____

Parent(s)/Guardian(s): _____

Home Phone: _____

Work Phone: _____

Physician: _____ Phone: _____

Special Medications/Allergies: _____

Is there anything your coach should be aware of concerning this athlete's medical history?

Please list two emergency contacts other than parent(s)/guardian(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event of an emergency requiring medical attention, I hereby grant permission for emergency treatment for the athlete listed above. I expect an effort will be made to contact me in order to receive my specific authorization before emergency room treatment is undertaken. I understand that the cost for any medical attention is NOT covered by Tri-County High School, Marshall County Central High School, or the Minnesota State High School League.

Parent/Guardian Signature: _____

Date: _____

This Form Will Be Taken To All Events