

Grade \_\_\_\_\_

**Hume R-VIII Schools  
2020-2021 Media Release Form**

The Hume R-VIII School district has permission to release my student's name and photograph to the Media (newspaper & social media) in such situations as honor rolls and other academic honors. I also give the school district permission to print my child's name in athletic rosters and program guides.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian Signature

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**2020-2021 Extra-Curricular Activity  
Emergency Treatment Form**

The Hume R-VIII School district has permission to seek treatment for my student at the nearest medical facility if a medical situation warrants. I further authorize the attending representative (Coach, sponsor, Administrator) of the Hume R-VIII School district to make decisions in place of myself for the treatment of my child if I am unable to be reached by telephone.

\_\_\_\_\_  
Student's full Name (Print)

\_\_\_\_\_  
Parent's Full Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Home Phone#

\_\_\_\_\_  
Work Phone#

\_\_\_\_\_  
Cell Phone#

\_\_\_\_\_  
Other Responsible Contacts and Phone #'s

**STUDENT'S MUST HAVE INSURANCE TO PARTICIPATE IN SPORT ACTIVITIES.**

**Insurance Information**  
*Or Attach Copy of Insurance Card*

\_\_\_\_\_  
Insurance Provider

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Insurance Provider Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Insurance Company Telephone#

\_\_\_\_\_  
Student's DOB

\_\_\_\_\_  
Student's SSN