

I, _____ understand that there are inherent risks involved in any activity, and I hereby release the school district, its staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the school personnel, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring myself home at my own expense should he/she become ill or if deemed necessary by the staff.

Medicine need to be in original pharmacy bottle with students name and prescribed dosage clearly marked.

In addition, I hereby authorize the school district to use and publish photographs of me, or those in which I may be included, in any school publication, including its website. I hereby release the school and its employees and agents from all claims and liability relating to said photographs."

Insurance Company _____

Identification/Policy Number _____

Group Number _____

Medications being taken _____

Medications the student is allergic to: _____

Foods the student is allergic to: _____

Medical condition(s) the trip sponsors should know about _____

Person to call if parents cannot be reached:

Phone Number _____

Alternate phone number _____

Parent Signature _____

Primary phone number _____

Date _____