

LAUREL HIGHLANDS SCHOOL DISTRICT
Parent Permission / Waiver Form for Student Participation
in Field Trip or Co-Curricular Activities

Name _____, Age _____, Grade _____, at Laurel Highlands _____
(Student's Full Name) (Clark, Hatfield, Hutchinson, Marshall, Middle School, High School)

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Medical Insurance Company _____ Policy/Group No. _____

Identification No. _____

Family Physician _____ Phone No. _____

Allergies _____

Medications Being Taken/Prescribed _____

Possible Side Affects _____

Other Special Medical Conditions _____

Special Instructions _____

Alternative Individuals and Emergency Phone Numbers:

1. _____ Phone No. _____

2. _____ Phone No. _____

I/We give my/our permission for the above-named student to participate in the _____ field trip to _____ . By signing this Consent, the student also indicates that he/she understands this permission/waiver agreement.

I/We give my/our consent for my/our child to receive medical treatment in the event of injury or illness while participating in the above activity. As indicated above, I/we further grant to the alternative individual designated above the same rights, powers and authority to make decisions concerning medical care for the child as I/we would be able to do.

I/We certify that I/we **(have) (do not have)** hospital, health or medical insurance as indicated above. I/We further agree to permit said insurance to be used in case of injury or illness.

I/We understand and acknowledge that if the above-named student is prescribed a daily medication that can be administered by the school nurse prior to departure or upon arrival back to the school she will do so. Otherwise, it is the parent's/guardian's responsibility to ensure the dispensing of that medication while away from the school building. A child is not permitted to transport medications on the bus. The sponsor and or chaperones will assume no responsibility for such medication administration.

I/We, the undersigned, intending to be legally bound, do here release, discharge and waive any claim or cause of action we may have against Laurel Highlands School District for any liability or any injury to the child named above, resulting from any cause whatsoever in connection with this trip/activity, including transportation to and from the place of said activity.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Employer _____ Work No. _____

Note: If you are a single parent or for any reason difficult to reach, please include above the number for another person who you would designate as responsible to act on your behalf in the event you cannot be reached.