

## **PARENTAL RELEASE FOR PARTICIPATION**

I am the parent of \_\_\_\_\_, who is a student at \_\_\_\_\_.  
I understand the school is sponsoring \_\_\_\_\_ (Event or Activity). My son/daughter has my permission to attend and participate in the Event.

It is understood that total, constant supervision will be an impossibility during this Event and that my son/daughter will have to assume and demonstrate responsible behavior.

**EXPECTATIONS AND INSTRUCTIONS:** I understand the student is expected, and the student has been instructed by me:

- A. To follow instructions given by supervisor(s).
- B. Not to leave or separate from the group without appropriate authorization from a supervisor.
- C. Comply with all laws, regulations, and ordinances, including but not limited to those pertaining to prohibiting the possession or use of drugs or alcohol. **POSSESSION OR USE OF DRUGS OR ALCOHOL IS ABSOLUTELY PROHIBITED.**
- D. Not enter the lodging accommodations or facilities of any other student(s) unless with permission of the occupant(s) and only if of the same sex.
- E. Follow all school rules during the Event.
- F. Conform with usual and customary standards of good citizenship, good decorum, and common courtesy.
- G. [DESCRIBE ALL APPLICABLE DANGERS, EXPECTATIONS AND INSTRUCTIONS. IF THERE ARE UNIQUE DANGERS, YOU MUST MENTION THE SPECIFIC DANGERS IN ORDER FOR A RELEASE AND WAIVER TO BE EFFECTIVE (E.G., BECAUSE OF THE DANGER OF DROWNING, THE STUDENT IS EXPECTED TO WEAR A LIFE JACKET AT ALL TIMES).]

In the event any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

**INSURANCE:** I understand that the Board of Education does not or may not carry any insurance relative to the Event or for injuries to the student. I represent that the student has insurance either through the Board's student insurance program or through my own insurance carrier.

**ACCOMMODATIONS:** If the student is disabled or requires special accommodations, those accommodations must be presented to the appropriate administrator and should be discussed with the administrator before signing this document.

**AUTHORIZATION TO PARTICIPATE:** I request that the above-named student be allowed to participate in the Event and specifically consent to and authorize the student's participation with full knowledge of the expectations outlined herein and all risks associated with the Event and related activities.

**RELEASE AND WAIVER:** I release and waive, and further agree to indemnify, hold harmless or reimburse the Board of Education, the individual members, agents, employees and representatives thereof, as well as supervisors, from and against any claim which I, any other parent or guardian, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the Event and related activities or the rendering of emergency medical procedures or treatment, if any.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Signature of Student)

## MEDICAL QUESTIONNAIRE

\_\_\_\_\_  
Student Name      Birth date      Address

\_\_\_\_\_  
Parent/Legal Guardian Name      Home Phone      Work Phone      Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent/Legal Guardian Name      Home Phone      Work Phone      Cell Phone

Person to be called in case of emergency if parent/guardian(s) cannot be reached:

\_\_\_\_\_  
Name      Relationship      Telephone

\_\_\_\_\_  
Physician      Telephone

*Please provide all of the following information. Even if you have given this information to the school district administrators or any of its employees previously, you must provide it below.*

List all ongoing and current health concerns, provide any other pertinent health-related information about your child, and attach any related documentation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies (bee sting, medications, food etc.): \_\_\_\_\_

\_\_\_\_\_

List all current medications, including prescribed medications for allergies: \_\_\_\_\_

\_\_\_\_\_

List any accessibility and/or health concerns specifically relating to this activity:

\_\_\_\_\_  
\_\_\_\_\_

***Any prescribed and/or over-the-counter medications must have a physician's order, including all instructions for administering the medication. By signing the Limited Power of Attorney below, you consent to the items contained therein, including the administration of any medications.***

I hereby consent to disclosure of the above information to the chaperoning adults supervising my child.

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