

L'Anse Creuse Public Schools HEALTH – MEDICAL RELEASE FORM

I, _____, the undersigned parent or guardian
(Please print parent's name)
 of _____, give permission for my child, who is
(Please print student's name)
 taking part in a LCN Band/Choir/Drama
(Name of School and Name of School Club or Organization)
 trip with Griffith / Osadchuk / Seniors
(Name of Teacher/Coach/Class Sponsor/Principal)
 on the following dates: 3/29/23 - 4/3/23 to
 receive emergency medical care should it be necessary.

I recognize that while on an extended field trip, medical treatment on an emergency basis may be necessary, and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. Therefore, I consent in advance to such emergency care including hospital care as may be deemed necessary under the existing circumstances. Therefore, I provide the following information:

Insured's Name _____ Insurance Company _____
 Contract No. _____ Group Number _____

I release the L'Anse Creuse Public Schools and its Board members, administrators, teachers, employees and agents from any and all claims whatsoever arising from or relating to my participation or my children's participation in this field trip. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgements.

I have discussed with my child the necessity of acting responsibly while on the trip and in accordance with the Student Code of Conduct. If my child violates the Student Code of Conduct, I agree to pick my child up and remove him/her from this field trip.

Date _____
Parent/Guardian Signature
 Telephone: Home () _____ Work () _____
 Name of nearest Relative: _____
 Telephone of nearest Relative: () _____

THIS FORM MUST BE IN POSSESSION OF TEACHER WHILE ON TRIP