



PARENT PERMISSION & EMERGENCY TREATMENT CONSENT FORM

As the undersigned parent or legal guardian of the student identified below ("my child"), I understand and hereby acknowledge that the participation of my child in the activity(ies) listed below involve(s) INHERENT RISKS AND HAZARDS, including without limitation, any damages and/or losses. There are risks that cannot be anticipated. I am aware that the usual risks of travel are involved and do hereby give my child permission to take part in, and travel, in connection with the below listed activity(ies). ON BEHALF OF MY CHILD AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of my child's participation in the below listed activities.

I also understand that the East Otero School District R-1 ("School District") cannot accept and will not have any responsibility for my child's acts or omissions. I understand that I am responsible for my child's health, medical, dental and property insurance.

Release of Liability, Waiver of Claims:

In consideration of the School District allowing my child to voluntarily participate in school activities, on behalf of my child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on my child's behalf against the School District, its Board of Education, employees, representatives, agents and volunteers, arising directly or indirectly from my child's participation in activities listed below.
2. TO RELEASE AND HOLD HARMLESS THE SCHOOL DISTRICT, its Board of Education, employees, representatives, agents and volunteers, from any and all liability for any claims, loss, damage, injury or expense that my child may suffer as a result of, but not limited to, my child's participation.

Emergency Treatment:

I give my consent for emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider should my child's condition require it in my absence. I further give my consent for any School District personnel or authorized chaperone to admit my child to a medical facility for purposes of emergency medical and surgical treatment. I understand that in such a case, reasonable attempts would first be made to contact me at the contact information provided below, time and conditions permitting.

I confirm to the School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or the health of other participating students.

My child has the following medical condition(s) that may require emergency care (including allergies):

1. Any drug, food or other allergies: _____
2. Any medication the student takes regularly (please specify dosage): _____
3. Any chronic conditions, such as diabetes, asthma, high blood pressure, seizures or other condition that we need to be aware of to properly care for your child: _____
4. Date of last tetanus immunization: _____

I HAVE FULLY READ AND UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY IT. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF MY CHILD AND/OR MYSELF TO BRING LEGAL ACTION AGAINST THE EAST OTERO SCHOOL DISTRICT R-1. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

STUDENT'S NAME: _____

Parent/Legal Guardian Signature _____

Printed Name _____ Date: _____

Home Phone: _____

Emergency Phone: _____

Approved Activity(ies):

ALL TRIPS FOR THE 2018-2019 SCHOOL YEAR