FIELD TRIP/ATHLETICS CONSENT FORM - A

_____has my permission to participate in a field trip.
(Student Name)
_LHHS_____SWIMMING COACHING STAFF_____SPORTING EVENTS REQUIRING TRAVEL__
(School)   (Teacher)   (Location/Description of Field Trip)

Expected time and date of departure: _____SEE SWIMMING SCHEDULE_____
Expected time and date of return: _____SEE SWIMMING SCHEDULE_____

In consideration of being allowed to participate in the field/activity trip, the undersigned agrees to release and hold harmless LHUSD #1 and its employees or agents from any and all claims liabilities or demands whatsoever arising or claimed to have arisen out of the student's participation in this field trip. It is specifically noted that students are solely responsible for all personal items they choose to bring in field/activity trips and any loss or damage should be reported to the family's homeowner's insurance company.

_____
(Parent/Guardian Signature)   (Date)
* *
EMERGENCY CARE CONSENT:

In the event I cannot be reached in an emergency, I, parent or guardian of _____
                                                                                            (Student Name)
do hereby give permission and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to the above-named student as, in the judgement of said doctor or hospital, is reasonable and necessary should the above-named student be injured or stricken ill while on this field trip. I further agree to assume full financial responsibility for the medical care administered.

_____   _____   _____   _____
(Parent/Guardian Signature)   (Date)   (Student Signature)   (Date)
_____   _____
(Cell Phone Number)   (Home Phone Number)

Special Health Conditions and/or Allergies: _____SEE EMERGENCY CARD_____

Please check one:
( ) My student will **NOT** need medication or special accommodations for this trip.
( ) My student **WILL** need medication(s) nor special accommodations for this trip. (Fill out the following information)

My student takes the following medication(s): _____
At this time of day: _____
Prescription medication is to be provided in the container prepared by the pharmacy and over-the-counter medication must be in the original packaging. Both should be presented to the School Advisor prior to departure. The medication will be kept in a safe place and administered according to instructions by the Advisor.
* *
If you would be willing to chaperone, please supply the following information:

_____N/A_____   _____N/A_____
(Name)   (Daytime Phone)   (Evening Phone)

7/2020