

**LIBERTY PUBLIC SCHOOL DISTRICT
OVERNIGHT / OUT-OF-STATE ACTIVITY
PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

Student: _____ School: _____ Club/Activity/Athletic: _____

Supervising Faculty Member(s): _____ Location: _____

Date & Time of Departure: _____ Date & Time of Return: _____

Method of Transportation: School Bus Charter Bus Leased Vehicle School Vehicle Other: _____
 Parent will be responsible for getting the student to and from said activity

SWIMMING (WILL) (WILL NOT) BE PERMITTED.

MEDICAL INFORMATION

Date of Birth: _____ Ht: _____ Wt: _____ Date of your child's last tetanus shot: _____

Current Medication(s): _____ *(a completed and signed Medication Authorization form is required for each medication prescription or over-the-counter medication to be administered during the field trip)*

Does your child have any of the following conditions?

Epilepsy/Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Motion Sickness <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia/Bleeding Disorders <input type="checkbox"/> Yes <input type="checkbox"/> No
Any Medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma/Wheezing <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular/Skeletal Problems <input type="checkbox"/> Yes <input type="checkbox"/> No

Any other condition which might possibly require treatment during the trip Yes No
 If yes, please specify: _____

Is your child currently being treated for any illness? Yes No If yes, please specify: _____

List any allergies to: Medicines _____ Insects _____ Foods _____ Other _____

Are there any foods your child cannot eat? Yes No If yes, please specify what foods: _____

Physician Name/Phone _____

Please provide any additional information regarding treatment of above conditions (attach separate sheet if necessary).

PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees of the Liberty Public School District, acting as chaperones, for the days indicated.
- I understand that I am signing and agree to a full and complete waiver and release of any and all liability that bars myself and my heirs and assigns (including any minor on whose behalf I have signed), agents and representatives, from any recovery from the liberty public school district (which term "district" being defined to include the district as a legal entity, board of education, board of education members, administrators, agents, representatives, officers, coaches, contractors, students and employees – whether in an official or individual capacity) for injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I acknowledge that this waiver and release applies to all acts or failure to act, whether intentional, reckless, or negligent, on the part of the district (as that term is defined above). I specifically understand that by signing this waiver and release, I am effectively immunizing the district (as that term is defined above) from any and all liability.
- I further agree to indemnify and hold harmless the district (as that term is defined above) for any and all liability resulting from any injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, property, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I will not bring any legal action or assert any claims, whether in a court of law or other forum, against the district (as that term is defined above) for injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, property, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I understand that the signature of one parent/legal guardian immediately below will legally bind the entire family and the student himself/herself to the provisions set forth above.
- I sign this waiver and release of liability voluntarily and with a full and complete understanding and knowledge of its contents. My signature below certifies that I have read and understand this waiver and release of liability and agree to be bound thereby.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Home Telephone# _____ Work Telephone# _____ Pager / Cell Phone# _____ Emergency Telephone# _____

Parent/Guardian Name (**Please Print**) _____ Parent/Guardian Name (**Signature**) _____ Date _____ Home Address / City / Zip _____

If unable to reach parent/guardian, please notify...Name _____ Phone _____ Relationship _____