

# 2016 – 2017 Permission Form

Student's Name: \_\_\_\_\_

Parent(s)/Guardian(s)'s Name: \_\_\_\_\_

Parent Contact Information: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Must be different from parent)

Emergency Contact Phone(s): \_\_\_\_\_

## Medical Information

Please be aware my child has the following medical/dietary needs/conditions:

My child takes the following prescription medication (give name/dosage/frequency):

Please list the over-the-counter medication you allow your child to take:

My child has permission to travel to Thespian/Forensics/Debate/Mock Trial events during the 2016-2017 school year. The undersigned agrees to be responsible for him/herself while traveling to and from department sponsored trips including any expenses incurred by the participant not covered by the department, caused by the participant and/or any personal injuries which may occur to the student. The undersigned agrees to abide by the department/JHS/host school rules and regulations with the understanding that should any problems occur with the participant during a sponsored trip the participant will be returned home and parents, guardian or next of kin of the participant will be financially responsible for all necessary costs incurred. The undersigned further understands that should a major medical problem arise, the parent/guardian/next of kin will be notified by telephone. In the event that he/she cannot be reached, he/she gives consent to such medical treatment as deemed necessary, including x-ray examination and anesthesia to be rendered by a licensed physician or physicians.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date