

Hamilton Southeastern Schools
Fishers High School
PERMISSION & RELEASE

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity of _____.
2. I agree that transportation for this activity is not the responsibility of the School Corporation. Therefore, I agree to provide and arrange for transportation of my child to and from related activities or events; this includes transportation arrangements not limited to my child driving to the event or my child riding with another student to the event.
3. I release and indemnify Hamilton Southeastern Schools, and their officers, agents, representatives, volunteers, and employees from liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from related activities or events.
4. I understand that my child must cooperate with the agents of Hamilton Southeastern Schools in charge of the related activities or events and understand that my child must comply with all school rules and expectations.
5. I authorize the agents of Hamilton Southeastern Schools to address my child's injury, illness, or medical emergency during the activity or related travel including the authority to give any and all consents and authorizations to medical or any other emergency actions.
6. I understand that the agents of Hamilton Southeastern Schools will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

I have carefully read this statement, and my signature acknowledges that I agree to the items above and fully understand the content and meaning.

Signature of Parent/Guardian _____ Date ____/____/____

Address _____ City _____ State _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact _____ Phone _____ (work/cell) _____



Child's Name _____ Birth Date ____ / ____ / ____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone _____ (work) _____ (home) _____

Family Doctor _____ Phone _____