

BLAINE SCHOOL DISTRICT

STUDENT PERMISSION FORM

Name of Student: _____
 Date(s) of Trip: _____ Supervisor: _____
 Place: _____ Activity: _____

Transportation (check appropriate category)

District Vehicle/Employee Driver
 Public Transportation
 Walk

District Vehicle/Adult Volunteer Driver
 Private Carrier: _____
 Other: _____

Medical Information: In the space below, please list special health problems we need to be aware of (severe reaction to bee stings, severe food allergies, asthma, diabetes, seizures, etc.), medications being taken or special diets needed:

Hold Harmless: Although I understand that Blaine School District will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in my child's participation in this activity. Further, I accept full responsibility for the behavior of my child during this activity and agree to hold harmless the school, school district, district employees, volunteers and board members for any injury or illness of any nature whatsoever associated with my child's participation in this activity, negligence notwithstanding.

In the event of an injury or illness, I understand that reasonable effort will be made to contact the parent immediately. However, I am aware that if the injury or illness appears serious and the parent cannot be reached, the adult in charge will secure emergency medical care as needed.

Being fully aware of the risks, I hereby give my consent for the above named student to participate in the above mentioned activity.

 Parent/Legal Guardian Signature Date Student Signature (for grades 6-12)

 Parent/Guardian Printed Name Phone Number: Home/Cell/Work

 Emergency Contact Person Emergency Contact Number

 Name of Preferred Doctor Doctor's Phone Number