

Laurel Highlands School District
Parent Permission / Waiver Form for Student Participation
In Field Trip or Co-Curricular Activities

Name _____ Age _____ Grade Enrolled _____ At Laurel Highlands _____
(Full name of student) (Clark, Hatfield, Hutchison, Marshall,
Middle School, High School)

Address _____ Home Phone Number _____
(Street City State Zip)

Medical Insurance Company _____ Policy Number/Group Number _____

Identification Number _____

Family Physician _____ Phone Number _____

Allergies _____

Medications Being Taken or Prescribed/Possible Side Effects _____

Other Special Medical Conditions or Allergies to Medications _____

Other Special Instructions _____

Alternative Individuals & Emergency Phone Numbers 1) _____ Phone Number _____

2) _____ Phone Number _____

I/We, give my/our permission for the above named student to participate in the **2024 SPRING MUSICAL, THE WIZARD OF OZ** field trip/activity to **REHEARSALS AND OTHER EVENTS**. By signing this consent, the student also indicates that they understand this permission/waiver agreement.

I/We, give my/our consent for my/our child to receive medical treatment in the event of injury or illness while participating in the above activity. As indicated above, we/I further grant to the alternative individual designated above the same rights, powers, and authority to make decisions concerning medical care for the child as I/we would be able to do.

I/We, certify, that I/we (**have**) (**do not have**) hospital health or medical insurance as indicated above. I/We further agree to permit said insurance to be used in case of injury or illness.

I/We, the undersigned, intending to be legally bound, do hereby release, discharge, and waive any claim or cause of vacation we may have against Laurel Highlands School District for any liability or any injury to the child named above resulting from any cause whatsoever in connection with this trip/activity, including transportation to and from the place of said activity.

Student Signature _____ Date _____

Parents/Guardian Name _____ Signature _____

Employer _____ Work Number _____

Parent/Guardian Name _____ Signature _____

Employer _____ Work Number _____

Note: If you are a single parent or for any reason difficult to reach, please include above, in addition to your own home, work, mobile phone, or pager number, the number for another person who you would designate as a responsible to act on your behalf in the event you can not be reached.

