

HOPKINS COUNTY SCHOOLS

PERMIT FOR CHILD TO TAKE TRIP WITH TEACHER AND RELEASE OF CLAIM FOR DAMAGES

I, _____, parent of _____
(Name of parent) (Name of student)

do hereby consent that such child may attend with Beth Hancock and Senior Sponsors, Movie Day at
(Name of teachers) (Event)

Madisonville on May 20, 2019 and in consideration of the teacher giving his / her time in the arranging
(Place) (Date)

and supervising of such trip, do hereby personally, and on behalf of such child, absolve and release the teacher and the Board of Education from any claim while on such trip, or while returning to his or her home.

(Parent or Guardian **regardless of student's age**)

(Date)

EMERGENCY PERMISSION FORM (To be competed by parent or guardian)

Student Name _____

Address _____ City / State _____

Birthdate _____ Phone _____

Person to contact in case of medical emergency:

Name _____ Relationship _____

Address _____ City / State _____

Daytime Phone _____ Evening Phone _____

Please list any health problems / concerns your child may have, including allergies (medications / other) and any medications presently being used:

Date of last tetanus shot _____

In the event that a medical emergency should occur and I cannot be contacted, I give my permission for a school representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment which is considered necessary for my child's well being.

(Parent or Guardian **regardless of student's age**)

(Date)