



James Madison Middle School



Committed to Academics and Character

Michael Gooch/Asst. Principal

Tim Roy/Principal

Andy Belcher/Counselor

HOPKINS COUNTY SCHOOLS
PERMIT FOR CHILD TO TAKE FIELD TRIP WITH TEACHER
RELEASE OF CLAIM FOR DAMAGES
AND RELEASE FOR MEDICAL TREATMENT

I, _____, parent of _____
Name of Student

do hereby consent that such child may accompany _____ on a field trip
Name of Teacher/Sponsor

to _____ and in consideration of the teacher giving his /her
Location of Activity

time in the arranging and supervising of such trip, do hereby personally, and on behalf of such child, absolve and release the teacher/sponsor and the Board of Education from claim for personal injuries which might be sustained by such child while on such trip, or while returning to his/her home.

CONSENT FOR EMERGENCY CARE

I/we the parent (s) of _____ do hereby give permission
Name of Student

for our son/daughter to be taken to a hospital or doctor by a representative of the school to secure the necessary medical or dental attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and further authorize the release of pertinent medical information to the physician, principal or teacher/sponsor.