

LORAINÉ PUBLIC SCHOOLS

I give my consent for my student, _____, to go to _____ on _____. We will leave at _____ and return at about _____.

I relieve the school of any responsibility in case of an accident. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, trainer, nurse, or school representative, and do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person whomsoever on account of such care and treatment of said student.

Student Signature

Parent/Guardian Signature

Date

Date

EMERGENCY CARD

Full Name: _____

Date of Birth: _____

Street & Mail Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Phone Number: _____

Medications Allergic to: _____