

## Permission Form for KWHS Freshman Camping Trip 2008

My son/daughter, \_\_\_\_\_, has my permission to participate in the Kensington Woods High School Freshman Camping Trip.

Does this student have any disabilities, handicaps, present injuries or limitations, allergies, asthma, or any other medical condition that might affect his/her ability participate in the planned activities?

\_\_\_\_\_ No  
\_\_\_\_\_ Yes (Please explain: \_\_\_\_\_)

Is this student required to take any medication?

\_\_\_\_\_ No  
\_\_\_\_\_ Yes (Type/Reason medication taken: \_\_\_\_\_)

Family Doctor: \_\_\_\_\_

Doctor's Phone No. \_\_\_\_\_

I understand that if my son/daughter becomes ill or is injured, someone will attempt to contact me or an emergency contact at the numbers listed below:

\_\_\_\_\_ (phone #) \_\_\_\_\_ (Name)

\_\_\_\_\_ (phone #) \_\_\_\_\_ (Emergency Contact)

If I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for any and all costs incurred as a result.

I, the undersigned parent or legal guardian of the named child (a minor), do hereby authorize the staff members of Kensington Woods High School, as my Agents to consent medical, surgical or dental examination and/or treatment for said child. In the case of emergency, I hereby authorize treatment and/or care at any Hospital or Trauma Center. I understand that my insurance benefits that are effective have limited application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I further agree to indemnify and hold harmless Kensington Woods High School, the district, its board members, and its employees from any and all claims arising out of injury to my child or conditions caused or aggravated by any medical care obtained or by my refusal to obtain available medical treatment for my child for any reason.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_