CONSENT FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY FORM

I understand that participation in school-sponsored events and activities, including those off school grounds and outside the regular school day, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the school. In exchange for permitting my child to participate in the school's activities, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility from death, illness, personal injury, or property damage arising our f the school activity and any transportation involved with the school activity. In the event of an emergency, and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, Vaughn School will not be responsible to pay for any medical or dental expenses. This permission, waiver, release, and consent applies to the school named and its employees. This waiver and release form is signed in order for my child to participate in the school's events and activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved. I authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the school representative upon the completion of treatment.

Student:_____ Gender: M or F Grade ____
Birthdate: _____

Home Address: _____ City: _____ Zip _____

Home Telephone: _____

Legal Parent/Guardian Information

{ } Father or { } Male Guardian { } Mother or { } Female Guardian

Work/Cell Number: W_____ C_____

Work/Cell Number: W_____ C_____