



PARENT AGREEMENT AND CONSENT (Please "✓" each box)

- While I expect the School authorities to exercise reasonable precautions to avoid injury, I understand that the school has no financial obligation for any injury or illness that may occur during activities.

- I authorize the teacher/ medical practitioner to administer medications as required.

- I authorize the teacher/ medical practitioner to attain medical treatment and care for any injury or illness that may occur during activities.

- I further consent to emergency treatment of any sort deemed necessary by the first responding medical person (or any physician designated by proper school authorities) for any illness or injury that may occur during activities, and I shall not hold him/her liable in a court of law.

- I understand that in the event of medical emergency ,every effort will be made to notify parents/guardian as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____