

Registration and Emergency Release for Treatment

I/We, the parent(s) of

_____, have temporarily given the guardianship of said child to the chaperones listed below during the school trip to Springfield on May 6 and 7, 2010. The named guardians have full authority to sign and approve any emergency medical care or distribution of medication that the above mentioned child may require during my/our absence.

Chaperones: Mr. Augustyn and 8th Grade teachers

Please list below any allergies, medication, illness, or surgery that could be important in the event that emergency treatment would be needed. Also, if your child is on any medication presently, please list what kind it is and the dosage. Write on the back if needed.

I recognize and acknowledge that there are certain risks of physical injury in connection with this trip. I do hereby fully release and/or discharge Nippersink School District #2 and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by minor child and arising out of, connected with, incidental to, or in any way associated with the participation in this activity. I also understand that if my child does not follow the school rules on this trip, that I will be called to transport my child home from Springfield. I also understand that his academic and behavior standings could hinder my child from attending the Springfield trip.

Medical insurance name and number:

Please sign this form and include phone numbers where you can be reached day and/or night should notification be necessary because of serious illness and/or a behavior problem.

Parent/Guardian Signature	Day Phone #	Evening Phone #	Pager #	Cell Phone #

Student's Name:

Home Address:

Date of Birth:

Medical/Medication:

Parent Signature: _____

Paid	Cash	Check #
Paid	Cash	Check #
Paid	Cash	Check #