

**Parent Consent Form:**

Parents Name: \_\_\_\_\_

Students Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physicians or dentists and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that I will be responsible for payment for any services, including ambulance or emergency transportation, that may be considered necessary in the best judgment of emergency personnel and/or attending physicians or dentists.

1.  Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.

2. All medication must be registered on this form with a physician's written instructions on dispensing: \_\_\_\_\_

\_\_\_\_\_

3. All prescriptions, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

If your son or daughter has a special medical problem, kindly attach a description of the problem to this sheet.

**Return this slip by:** \_\_\_\_\_

**I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. If this student does not abide by the rules and regulations of this event, parents will be contacted and will be responsible to provide/or pay for transportation home immediately.**

**It is up to the parents/or guardian to determine how the student will get to and from the event.**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Health Insurance Company/Policy #: \_\_\_\_\_

Special Medical Problems/Needs of the Student: \_\_\_\_\_

\_\_\_\_\_

## **WAIVER AND HOLD HARMLESS**

Every effort is made to provide participants with a safe, enjoyable, and memorable experience. I attest and verify that my child is physically able to participate in all activities offered at CORE Butte Charter School. I understand, however, that there are inherent risks in outdoor and camp-related activities and travel to and from the site, and, knowing the risks, nevertheless, I agree to ASSUME ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGE TO PERSON OR PROPERTY OR DEATH, sustained while my child participates in, attends, prepares for or travels to and from \_\_\_\_\_ (destination) including the risk of negligence of the \_\_\_\_\_ (name of organization) staff, or hidden, latent or obvious defects in the facilities or equipment used.

I agree if any claim for personal injury or wrongful death is commenced against CORE Butte Charter School (including its officers, directors, members and/or volunteers), I will defend, indemnify and hold harmless CORE Butte Charter School from any and all claims or causes of action for personal injuries, property damage or wrongful death that hereafter accrue, arise out of, result from, or are caused directly or indirectly by my child's attendance at \_\_\_\_\_ (insert organization name/event name/etc.).

I have read and I understand this Waiver and Hold Harmless provision.

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Signature

Date

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Print Name

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Address

City

State

Zip

Phone

- CORE Butte Charter does not provide transportation
  
- It is up to the parents/or guardian to determine how the student will get to and from the event
  
- Please complete the following and return to Jean before the field trip:

Destination \_\_\_\_\_

Number of Students \_\_\_\_\_

Age of Students \_\_\_\_\_

How many days \_\_\_\_\_

What the students will be doing \_\_\_\_\_

\_\_\_\_\_

- Indicate if you need Evidence of Liability certificate or if the entity requires to be listed as an additional insured