

Student's Name: _____

LAST

FIRST

INTERACT CLUB: COMBINED PERMISSION-TO-PARTICIPATE FORMS

Extracurricular, Co-curricular, and Athletics Permission Section

Parent Permission

Emergency Medical Authorization

Transportation Acknowledgement, Release, and Consent Form

Club: _____

Dates: June 1, 2016 - September 30, 2017

PERMISSION:

This permission slip is for participation in the WHS Interact Club and all activities associated with it. This club will be supervised by a member of the Wilmington City School staff. We, the undersigned do hereby give permission for our child to participate in the above stated club and corresponding activities. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in these activities and the necessary travel to and from any activity sites. We also further hereby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the school or its employees responsible for said loss or damage to personal property.

The undersigned further release, waive, discharge and covenant not to sue for any reason the Wilmington City School District Board of Education, its individual members, its superintendent, principals, administrators, employees, agents or anyone acting on its behalf, from all liability, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in field trips, extracurricular activities, and co-curricular activities with Wilmington City School District.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect. We further state that we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act. We further consent to emergency treatment by a physician in the event of injury to or illness of our child during his/her participation in such activities.

Parent/Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION:

Student Information:

Student Name: _____ Date of Birth: _____ Grade: _____ Teacher: _____

Mother Name: _____ Phone: _____ Cell: _____

Father Name: _____ Phone: _____ Cell: _____

Emergency Contacts: (If parent or guardian cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Care Information:

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

(Alternate hospital may be selected at the discretion of the responding Emergency Medical Services personnel)

Allergies and/or Specific Health Considerations: _____

Medications taken by student on a daily or frequent basis: _____

(CONTINUED ON THE NEXT PAGE)

Student's Name: _____

LAST

FIRST

EMERGENCY MEDICAL AUTHORIZATION (Continued):

Directions: Please **SIGN ONLY ONE** of the following parent/guardian signature lines.

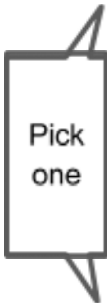
PART I-TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administrators of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian or Student if Age 18: _____ Date: _____

Address: _____



PART II-REFUSAL TO CONSENT (Complete only if action described above is refused)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Signature of Parent/Guardian or Student if Age 18: _____ Date: _____

Address: _____

TRANSPORTATION ACKNOWLEDGEMENT, RELEASE & CONSENT FORM:

I understand that the Wilmington City School District **will not** be providing transportation to, during, or from any Interact Club related activity. Thus, if I choose to allow my child to participate in an activity, I acknowledge that it is my responsibility to ensure that my child is provided safe transportation to, during, and from an activity.

I understand that the operator of the motor vehicle who transports my child to an activity, whether it is me or someone else, will be acting purely in his or her private capacity and not under the supervision or control of the Wilmington City School District. Furthermore, I understand that the Wilmington City School District's insurance policy will not cover any accidents or injuries suffered during the transportation of my child to, during, or from an activity.

I understand that, pursuant to the Wilmington City School District's Transportation Policy, my child will not be allowed to participate in an activity unless I sign this Acknowledgement, Release and Consent form, and it is received by the Wilmington City School District no later than one school day before the date of the activity.

I acknowledge that I have read and fully understand this Acknowledgement, Release and Consent Form, and on behalf of me, my spouse (if applicable), my heirs, legal representatives and assigns, I hereby release the Wilmington City School District Board of Education, its individual members, agents, employees, representative, and assigns from any and all potential liability, claims, demands, controversies, damages, actions and causes of action related to my child's transportation to, during, or from an activity promoted by or sponsored by the Wilmington High School Interact Club.

Parent/Guardian Signature

Date

