

Parental Consent to Student Activity and Release from Liability

We (I) the undersigned parent(s)/custodial guardian(s) of \_\_\_\_\_

Agree to the following:

1. We consent to our child or children to be present and attend the following event:

Madison County Schools 9<sup>th</sup> Grade Reality Fair at Rosa Scott on September 12, 2018

By our signatures hereto, we agree that all employees of the Madison County School District will, during the pendency of this educational outing, continue to exercise the same careful degree of control and supervision of our child/children as is exhibited normally when they are present at Germantown High School. So long as said careful degree of care is exercised, we hereby hold harmless any such employees and the Madison County School District from liability for any property or other loss due to the activity of other persons or unforeseen acts of nature.

2. In the event of the necessity of the rendition of hospital and/or other medical care, treatment and/or confinement in the restoration and/or preservation of the good health of the student, the undersigned empower, authorize and request the staff or faculty member in charge of the activity to seek out and secure the same, and, by those present, covenant and agree, and do hereby promise to pay the actual, reasonable and necessary cost of medical care, treatment, and for hospitalization as performed, and to indemnify and hold the said staff or faculty member and School District harmless from the expenses incurred in said care and treatment of said student.

By the signature(s) affixed hereto and the designation of the name of the issuing company and number of the policy of medical and hospitalization insurance written below, the staff or faculty member is empowered and authorized to execute in our place and stead such medical authorization and/or hospital insurance forms as required to seek and obtain admission of the said student to medical care and/or hospitalization.

Student's Residence Address: \_\_\_\_\_

Person(s) to Notify in Case of Emergency:

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate person to notify:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical/Hospitalization Insurance:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

\_\_\_\_\_  
Date