

**LIBERTY PUBLIC SCHOOL DISTRICT  
OVERNIGHT / OUT-OF-STATE ACTIVITY  
PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Club/Activity/Athletic: \_\_\_\_\_  
 Supervising Faculty Member(s): \_\_\_\_\_ Location: \_\_\_\_\_  
 Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_  
 Method of Transportation:  School Bus  Charter Bus  Leased Vehicle  School Vehicle  Other: \_\_\_\_\_  
 Parent will be responsible for getting the student to and from said activity  
**SWIMMING  (WILL)  (WILL NOT) BE PERMITTED.**

**MEDICAL INFORMATION**

Date of Birth: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Date of your child's last tetanus shot: \_\_\_\_\_  
 Current Medication(s): \_\_\_\_\_ *(a completed and signed Medication Authorization form is required for each medication prescription or over-the-counter medication to be administered during the field trip)*  
 Does your child have any of the following conditions?  
 Epilepsy/Seizures  Yes  No    Motion Sickness  Yes  No    Diabetes  Yes  No    Hemophilia/Bleeding Disorders  Yes  No  
 Any Medication  Yes  No    Asthma/Whoezing  Yes  No    Heart Disease  Yes  No    Muscular/Skeletal Problems  Yes  No  
 Any other condition which might possibly require treatment during the trip  Yes  No  
 If yes, please specify: \_\_\_\_\_  
 Is your child currently being treated for any illness?  Yes  No    If yes, please specify: \_\_\_\_\_  
 List any allergies to: Medicines \_\_\_\_\_ Insects \_\_\_\_\_ Foods \_\_\_\_\_ Other \_\_\_\_\_  
 Are there any foods your child cannot eat?  Yes  No    If yes, please specify what foods: \_\_\_\_\_  
 Physician Name/Phone \_\_\_\_\_  
 Please provide any additional information regarding treatment of above conditions (attach separate sheet if necessary).

**PARENT CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

- I/We hereby give permission for my child to accompany employees of the Liberty Public School District, acting as chaperones, for the days indicated.
- I understand that I am signing and agree to a full and complete waiver and release of any and all liability that bars myself and my heirs and assigns (including any minor or whose behalf I have signed), agents and representatives, from any recovery from the liberty public school district (which term "district" being defined to include the district as a legal entity, board of education, board of education members, administrators, agents, representatives, officers, coaches, contractors, students and employees - whether in a official or individual capacity) for injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I acknowledge that this waiver and release applies to all acts or failure to act, whether intentional, reckless, or negligent, on the part of the district (as that term is defined above). I specifically understand that by signing this waiver and release, I am effectively immunizing the district (as that term is defined above) from any and all liability.
- I further agree to indemnify and hold harmless the district (as that term is defined above) for any and all liability resulting from any injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, property, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I will not bring any legal action or assert any claims, whether in a court of law or other forum, against the district (as that term is defined above) for injury, including death, loss or damage to anyone or anything, including but not limited to myself, the student, property, and/or any third party, arising in any manner from the student's participation in this trip/activity.
- I understand that the signature of one parent/legal guardian immediately below will legally bind the entire family and the student himself/herself to the provisions set forth above.
- I sign this waiver and release of liability voluntarily and with a full and complete understanding and knowledge of its contents. My signature below certifies that I have read and understand this waiver and release of liability and agree to be bound thereby.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child.
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary for the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary.
- I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

Home Telephone# \_\_\_\_\_ Work Telephone# \_\_\_\_\_ Pager / Cell Phone# \_\_\_\_\_ Emergency Telephone# \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_ Parent/Guardian Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_ Home Address / City / Zip \_\_\_\_\_

If unable to reach parent/guardian, please notify... Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_