

USD No 500 Activity Consent Form

Name of Student: _____ DOB: _____ Grade: _____
School: _____ Teacher: _____

As parent or legal guardian of the above student, I give my consent and approval for my child (_____)
to participate in the following activity:

Name of Activity: _____
Location of Activity: _____ Date of Activity _____

I understand Transportation will be provided by _____

IN CASE OF EMERGENCY NOTIFY:

1. _____ 2. _____
ADDRESS: _____ ADDRESS: _____
PHONE: _____ PHONE: _____
OUR FAMILY PHYSICIAN IS: _____ PHONE: _____

I further agree to release and hold harmless Kansas City Kansas Public Schools Unified School District 500, and its officers, agents and employees from liability for any accident, injury, illness or death, sustained by the above student in connection with or while participating in the above activity.

In the event of any illness or injury, I hereby consent to whatever x-ray examination, anesthetic, medical surgical or dental diagnosis or treatment and hospital care from a licensed dentist, physician and/or surgeon as deemed necessary for the student(s) safety and welfare. It is understood that the resulting expenses will be the responsibility of the parent guardian and not the School District if transported in a school owned vehicle.

Print Parent/Guardian Name: _____

Address: _____

Phone: (H) _____ Phone: (W) _____ Phone: (C) _____

Parent/Guardian Signature: _____ Date: _____

I understand that if I have any questions I should contact: _____ at _____
(Name and Title) (Phone)