



**EXTRACURRICULAR ACTIVITY INFORMATION  
& PERMISSION FORM**

To Be Returned By  
/ /  
(Date)

.....  
(Campus Name)  
(To be signed by Parents)  
(Save this page for your records)

**Note:** If you arrange your extracurricular activities with your students regularly (Weekly, Bi-Weekly, Monthly) such as student clubs, student mentoring programs, please place an event date as weekly, bi-weekly or monthly in “the date of event” part.

**Date:** \_\_\_/\_\_\_/ 201\_\_

As part of our school activities, the following activity has been scheduled:

**Destination:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Event Name/Description:** \_\_\_\_\_

**Event Type:**  Day Trip  Overnight  High Adventure

**Departure Time from School/ Event Start Time:** \_\_\_\_\_

**Return Time to School/ Event End Time:** \_\_\_\_\_

**Name and Contact info of Event Coordinator:** \_\_\_\_\_  
\_\_\_\_\_

**Chaperone Name and Contact Info:** \_\_\_\_\_  
\_\_\_\_\_

**Student Full Name (Print):** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

- Your child  will /  will not need to bring or purchase a sack lunch.
- The cost of the event is \$\_\_\_\_\_.
- Please make any payments by cash or check payable to \_\_\_\_\_.
- Transportation for the event will be provided by:  
 School Bus  Private Vehicle  Other: \_\_\_\_\_

**No child may participate in the activity without written consent from the parent/guardian.  
Parent approval may NOT be obtained over the phone.**

- All students participating in this extracurricular activity will be responsible for abiding by the Harmony Public Schools Code of Conduct at all times, including during transport.
- Students are required to travel to and from this event on the transportation provided, unless prior arrangements have been made.
- All students should be promptly picked up after the event. Parents assume the liability of the children not picked up timely. Call the event coordinator(s) to make arrangements in emergencies.



## EXTRACURRICULAR ACTIVITY INFORMATION & PERMISSION FORM

### Parental Permission

*(To be completed, signed and turned in to an event organizer by parent/guardian)*

My child, named above,  does /  does **not** have my permission to participate in the extracurricular activity to the following location:

I understand that this activity is optional and attendance by my child is not required. The remainder of this form may be left blank if your child does **not** have permission to attend the activity.

### Acknowledgment of Risk

I acknowledge Harmony Public Schools (“HPS”) cannot protect my child from risks, which may be encountered during extracurricular activities, including transportation thereto. I realize there are human, natural, mechanical, and environmental conditions and hazards which independently, or in combination with my child’s activities may cause a serious accident resulting in death, injury, personal property loss, health conditions or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risk. I hereby state that I understand these inherent risks and dangers involved with participation in extracurricular activities, and further acknowledge that some or all of these risks are not obvious or predictable.

\_\_\_\_\_  
Initials

### Indemnity, Waiver and Release of Liability Agreement

In consideration for my child being permitted to participate in the field, as the natural or adoptive parent and/or as the legally authorized guardian, I do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend HPS and its officers, directors, employees and volunteers, individually and collectively (“the protected parties”), from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my child or me arising out of or in any way associated with my child’s participation in the field trip or travel incident thereto, whether by negligence, INCLUDING THE NEGLIGENCE OF THE PROTECTED PARTIES, or not, to the fullest extent permitted by law.

\_\_\_\_\_  
Initials

The risk of serious injury to my child from extracurricular activities and the transportation thereto does exist, including the potential for permanent disability and death. I understand and fully acknowledge that my child’s participation in the extracurricular activities is solely at our own risk and I assume full responsibility.

\_\_\_\_\_  
Initials

**I Have Carefully Read the Foregoing Release and Know and Understand the Contents Thereof. I Sign This Release Voluntarily As My Own Free Act With Full Knowledge Of Its Significance, Intending To Be Legally Bound Thereby.**

-----  
(Parent/Guardian Signature)

-----  
(Date)

### Medical Consent and Treatment/Release

In case of accident, illness, or other emergency, I understand that HPS personnel will attempt to contact me. If the HPS personnel cannot reach a parent/guardian after conscientious effort, I give permission for HPS personnel to call emergency service providers or medical or dental service providers. If a life-threatening emergency exists, I give permission for HPS personnel to immediately call emergency personnel and then contact me as soon as possible thereafter.

In the event that I cannot be reached to give necessary medical consent, I the grant permission for HPS to arrange for all necessary emergency care for my child. I will be financially responsible for such care and for emergency medical transport. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred because of those services being provided.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described.



**EXTRACURRICULAR ACTIVITY INFORMATION  
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**MEDICAL HISTORY**

Is there a known history of:

Circle One

- A. Birth Deformities (1 eye, kidney, etc.)      Yes      No
- B. Medical conditions currently under treatment      Yes      No
- C. Preexisting injury currently under treatment      Yes      No
- D. Fractures of other disability type injuries      Yes      No
- E. Allergy (drugs, food, asthma, etc.)      Yes      No
- F. Seizure disorder or convulsions      Yes      No
- G. Known past illness of more than one week      Yes      No
- H. Contact lens or glasses      Yes      No

**Student's Medical Information**

Child's Name: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_  
 Policy # \_\_\_\_\_ Under the name of: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Name of Family Physician/Pediatrician: \_\_\_\_\_  
 Phone Number(s): (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

***Permission for Transportation, Acknowledgment of Risk, Indemnity, Waiver  
and Release of Liability Agreement, and Medical Authorization & Information Form***

**Note:** If a student is to be transported to and from off-campus extracurricular activities by club advisor/mentors/teachers in their personal vehicles, this form has to be signed by a parent of this student to be transported.

I am/we are the parent(s)/legal guardian(s) of \_\_\_\_\_ . (Student Name, Please Print Clearly)

I/we understand that participation in the HPS Extracurricular Activities occasionally requires activities that do not take place on campus.

I/we give permission for my/our child to be transported to and from off-campus extracurricular activities by club advisor/program mentors/teachers in their personal vehicles, and hereby give permission for my/our child to be so transported.

**Signature of Parent(s)/Guardian(s)**

Legal Parent/Guardian 1 Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Legal Parent/Guardian 2 Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s) \_\_\_\_\_