

Lamar County School District
Activity Consent Form and Approval by Parents/Legal Guardian

This form is for use to obtain approval and consent for students to participate in the activity listed below. It is to be noted that this activity is by invitation and students are not required to attend. By accepting this invitation to participate, you understand that transportation must be provided for you. It is recommended that parents keep a copy of the form and contact the school in the event of any questions.

Name of Participant _____ Birth Date _____
Address _____
City _____ State/Zip _____
Has approval to participate in _____

HOLD HARMLESS AGREEMENT

I understand that participation in activities that require self transportation involve risk. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event that I am unable to be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's Signature _____ Date _____
Parent /Guardian Printed Name _____
Parent/Guardian Signature _____ Date _____

Phone Number (Best Contact in Case of Emergency)