

# Vale School District

## Activities/Field Trip Participation Release Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City/State/zip \_\_\_\_\_

Parent Phone: \_\_\_\_\_ cell/work \_\_\_\_\_

Parents/Guardian (printed): \_\_\_\_\_

Insurance Co./Policy # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact phone # \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

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**I give permission** for my child to participate in all Vale School District activities and field trips throughout the year, (unless I notify them in writing otherwise). Such activities may include Reward trips, Classroom activities, and Athletics.

**This is to certify** that I, the undersigned parent/guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my student.

**My student is fully covered by insurance and the school will not be liable for any injury that occurs during any activities, athletic practices, contest or field trips including travel to and from the event.**

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

\_\_\_\_\_  
Date