



We exist for the academic excellence of all students.

Travel & Medical Consent Form

Student Name _____ School _____

Grade _____ Event Sponsor/Teacher _____

Activity/Event: _____ Event Date: _____

Method of Transportation: _____

Additional Event Information (transportation, schedule, etc): _____

I hereby give my son/daughter permission to participate in the above listed event. I also hereby authorize in advance any necessary medical treatment required by my son/daughter(named above) while he/she is participating in this activity.

I further release and forever discharge the Springfield School District from any and all claims, causes of action, or damages resulting from my son/daughter's participation in this activity, including transportation to, from and during the event.

Best contact phone number(s): _____

Family Physician's Name: _____

Health concerns/medical conditions/allergies: _____

Parent/Guardian Name (printed) _____ Relationship _____

Signature of Parent or Guardian _____ Date _____