



We exist for the academic excellence of all students.

Permission & Medical Consent Form

Student Name

School

Grade

Event Sponsor/Teacher Ms. Romay/Mr. Butcher

Activity/Event Kickapoo Theatre Camp

Event Date:

I certify that I have been fully informed concerning the nature and extent of the above-described activity, and understand that there may be an increased risk of physical injury. I hereby consent to allow my son/daughter to participate in the activity.

I authorize and consent in advance to any necessary medical treatment which may be required by my child (named above) while he/she is participating in the activity and agree to be responsible for the cost of such medical treatment. I hereby release the School District of Springfield, R-12 and its employees ("District") from any and all claims, causes of action or damages resulting from: (a) any decisions made by the District to obtain medical treatment for my child in conjunction with the activity; or, (2) the treatment/medical procedures provided by the medical provider.

Best contact phone number(s):

Family Physician's Name:

List all serious allergies or medical conditions you feel we should be aware of:

Parent/Guardian Name (printed)

Relationship

Signature of Parent or Guardian

Date