



Parent/Guardian Informed Consent Form

School _____ Activity _____

Brief Description _____

Location _____

Date(s)/Time _____ Transportation Provided By _____

Advisor _____ Contact Info _____

Add'l information regarding this activity attached _____ No add'l information regarding this activity attached _____

Although Northshore School District attempts to ensure the safety of all involved in school activities, participation in the activity named above has inherent risks that may result in serious injury, including paralysis, brain injury and death. Careful consideration should be given to the risks and dangers associated with this district activity before making the decision to participate.

In the case of serious medical emergency, 911 will be called to evaluate your student and/or the child will be transported to the nearest hospital for evaluation and treatment. Parents/guardians will be notified immediately.

To be completed by parent/guardian

Student Name _____ Birthdate _____

Parent/Guardian Name _____ Parent Phone _____

Physician Name _____ Physician Phone _____

Insurance Company _____ Subscriber Name _____

Subscriber Birth Date _____ Policy # _____ Group # _____

Insurance Address _____ Insurance Phone _____

- I understand that I am responsible for any medical bills that may be incurred due to an accident, injury or illness of my child while participating in this event.
- I do not have insurance coverage for my child and understand that I am responsible for any medical bills that may be incurred due to an accident, injury or illness while participating in this event.

Optional accident/injury insurance information is available on the district website and is provided in the registration process for sports participation.

Student Medication / Health Alert (Confidential)

- My child has no known medical or physical condition which could interfere with his/her safety in this activity
- My child has a specific issue/condition that needs to be reported to staff for safety reasons (describe)

- My student will bring “over the counter” or prescription medication on this field trip, other than what the student normally takes during the school day. All medication must be labeled in the original container with the student’s name on it. Any medication not authorized by your physician cannot and will not be administered.
 - I have completed the form “Authorization for Medication” and had it reviewed, signed, and returned by the prescribing physician.
 - I need a blank “Authorization for Medication” form
- My child has a **Life Threatening Condition** (e.g. severe bee/food allergies, asthma, seizures, diabetes, etc.). Describe (school will attach emergency plan) _____

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Parent Guardian Informed Consent

As the parent/guardian of the above named student, I have read the information provided and am fully aware there are dangers and risks inherent in participating in this activity, including physical injury.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff to obtain emergency care for my student, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstance.

I hereby consent to my child participating in this activity.

Activity named on front page _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

This activity is an extension of the school education program and student conduct is to be in accordance with the school's published rules and regulations.

Student Signature _____ Date _____