



HOWELL AREA PARKS AND RECREATION PERMISSION FORM

My child, _____, has my permission to participate in the _____ with the Howell Area Parks and Recreation Department on _____.

I parent/guardian, hereby waive any of all rights or claims for damage arising from injury received while my child is being transported to this activity. I also hold harmless the Recreation department, its directors, organizers or any other supervisor appointed for any injury incidental to and from this activity. I further understand that my child is responsible for their actions and will be held responsible for any inappropriate or illegal actions. I have read the trip guidelines and discussed them with my child.

PARENT SIGNATURE

EMERGENCY INFORMATION

I hereby give permission for any and all medical treatment necessary to be administered to my child in the event of an accident, injury, sickness, etc. I understand that every effort will be made to contact me and I assume the responsibility for payment of any such treatment.

HOSPITALIZATION INSURANCE _____ YES _____ NO

My child takes medication during the day or has a medical condition that a field trip chaperone should be aware of. Comments: _____

Insurance Company _____

Policy Number _____

Family Physician _____ Phone# _____

PARENT SIGNATURE

DATE

Daytime Phone

Evening Phone

