

should the need arise for such treatment while my/our child/ward is under the supervision of the school or its employees, agents or representatives and I/We assume full responsibility for any cost or medical expense incurred for the rendition of said medical treatment. I/We hereby certify that my/our child/ward is healthy, and sufficiently physically fit and able to participate in this activity and that I/We know of no fact to the contrary which would limit his/her participation. If my/our child/ward has any physical condition which might limit his/her activity or cause my/our child/ward to become ill it is listed below: I/We agree to inform the appropriate school officials should my/our child's/ward's condition change in any way and at any time so as to affect his/her participation in the activity named herein.

\*\*\*\*I UNDERSTAND THAT THIS DOCUMENT CONTAINS A RELEASE\*\*\*\*

_____ Signature of Student	_____ Witness
_____ Print Name of Student	_____ Print Name of Witness
_____ Date Signed	_____ Date Signed
_____ Signature of Parent/Guardian	_____ Witness
_____ Print Name of Parent/Guardian	_____ Print Name of Witness
_____ Date Signed	_____ Date Signed
_____ Home Address	_____ Home and Emergency Phone #s

**IMPORTANT: IF THE CHILD HAS ANY PHYSICAL CONDITION LIST IT HERE!**  
 This medical information is included to assist the Activity Director/Teacher in assuring your child's/ward's well being. Please list any known allergic reactions (bees, ants, medications, substances, foods, etc.). List any medical conditions such as, but not limited to, asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems or any other medical condition or problem which you would like to bring to the schools attention. Please feel free to call the school in advance of the activity date to discuss any concerns or specific health problems.

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