

SOUHEGAN HIGH SCHOOL
P.O. Box 1152
412 Boston Post Road
Amherst, NH 03031
(603) 673-9940

PARENT/GUARDIAN PERMISSION & RELEASE FORM

I, _____, am the parent or guardian of
_____, a minor, who desires to participate in the following school
activity: _____

I acknowledge that I have been informed of the activity and the provisions for my child's involvement, and I consent to my child's participation in the above described school activity.

In consideration of the permission granted to my child to participate in the above described activity by Souhegan High School, I release and hold harmless Souhegan High School, its agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

In witness whereof, I have signed this document on the _____ day of _____, 20_____.

Parent or Guardian

Student (if 18 years or older)

Address

Telephone Number

I acknowledge that I have been informed of all expectations of me as included in the SHS Field Trip Policy and agree to abide by these expectations.

Student Signature

- Instructions:
1. Please read the entire form. If there is anything about this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
 2. Fill in all the blanks.
 3. If you have more than one child participating, complete one parent permission form per child.

SOUHEGAN HIGH SCHOOL
STUDENT HEALTH INFORMATION SHEET

Instructions: This form will be provided to the doctor or medical personnel to whom your child is taken in the event of a medical emergency while on a school-sponsored or school-endorsed field trip. Please complete ALL sections as accurately as possible.

Student's Name _____

Home Address _____

Telephone Number _____ Date of Birth _____

Emergency Contacts:

Parent/Guardian 1 _____ Telephone _____

Parent/Guardian 2 _____ Telephone _____

Other Contact _____ Telephone _____

Family Doctor _____ Telephone _____

General Information:

1. Food or drug allergies _____

2. Other allergies _____

3. Date of last tetanus shot _____

4. Present medications _____

5. Chronic medical problems _____

6. Other items of concern _____

Parental/Guardian Authorization

In case of medical emergency, in the event that I cannot be reached, I authorize Souhegan High School, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon, or other health care professional.

Date

Parent/Guardian Signature

Health Insurance Company

Policy Number