



# Travel Permission & Medical Consent Form

**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Event Sponsor/Teacher** \_\_\_\_\_

**Activity/Event** \_\_\_\_\_ **Event Date** \_\_\_\_\_

**Method of Transportation** (Sponsor/Teacher must check one box)

- School Bus or Charter    Staff Driver    Walking  
 Other – (Event Sponsor/Teacher MUST Provide Specific Details):

**List Additional Event Information** (Schedule, fees, activities, etc.)

**Attachments Provided?**    Yes    No

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): \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

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

Parent/Guardian Name (printed) \_\_\_\_\_ Relationship \_\_\_\_\_