

Cherry Creek School District #5

Parent Consent Form

I/We give permission for \_\_\_\_\_ to travel on **various dates during the 2016-2017 Speech and Debate season (October 2016 - April 2017)** with the **Eaglecrest Speech & Debate Program**. I/We do hereby authorize officials of Cherry Creek School District to contact directly the persons named in the space below and do authorize the named physician or his/ her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other people named, or the physician named on this form cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child.

I/ we understand that the District does not provide health or medical insurance on students. I/We further understand that I/We are responsible for payment of all health, medical and emergency care treatment provided for my child (ren) while participating on this trip.

I/We grant permission for my son/daughter to use the following methods of transportation: school bus, commercial bus lines, commercial airlines, adult driven automobiles, including sponsor(s) and/or parent driver(s).

I/We understand, and my son/daughter agrees, that my son/daughter is to adhere to all school and Cherry Creek School District disciplinary policies & procedures while on the trip. I/We grant permission to the Sponsors to do what is recommended and necessary to control or modify any behavior by my son/daughter who they (sponsors) perceive as being a violation of these policies & procedures or that becomes a problem in any way, I/we will accept a collect call from the sponsors and with them consider the manner in which the problem will be promptly solved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Alternate emergency phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Father's work phone \_\_\_\_\_

Doctor's phone \_\_\_\_\_ Hospital \_\_\_\_\_

Insurance Information

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Student's policy ID number \_\_\_\_\_

Hospitals may also need the following:

Nearest relative \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth insured \_\_\_\_\_

Medical Authorization

I/We hereby represent to Cherry Creek School District that the student is in good physical health and the trip does not pose a health hazard to the student.

I/we hereby grant permission and give consent for the above-named student to (1) be treated by any qualified nurse, physician or surgeon as may be deemed necessary by CCSD, its agents, servants or employees during the trip; (2) be administered medication and or emergency first aid care as may be necessary or appropriate; (3) receive treatment in hospitals, medical offices, clinics or elsewhere in the event of accident or illness. I/we understand and agree that neither the CCSD nor its agents, servants or employees are responsible for obtaining or for the result of any medical or emergency treatment rendered or supplied to the student. I/we will hold the CCSD and its agents, servants and employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of (or the lack of) medical or emergency treatment rendered to the student.

Please list any allergies, medications or other medical problems which your son/daughter may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student by his/her signature hereto fully agrees and consents to the foregoing.

_____ Signature of Student	_____ Date	_____ Signature of Parent/ Guardian	_____ Date
		_____ Signature of Parent/ Guardian	_____ Date

Address of student \_\_\_\_\_

Address of Parent/ Guardian, if different \_\_\_\_\_

Home Phone Parent/ Guardian \_\_\_\_\_

Work Phone Parent/ Guardian \_\_\_\_\_

Other Emergency Number \_\_\_\_\_