



Sumner County Board of Education

Del R. Phillips III, Ph.D.
Director of Schools

695 East Main Street Gallatin, TN 37066-2472
Phone: (615) 451-5200 Fax: (615) 451-5216

Indemnity Agreement and Consent Form

The undersigned parent(s) of _____ hereby grants

Student name

permission to the Sumner County Board of Education, its employees and other parents involved for

my/our child to go on a trip to *Adventure Scienca Center* on

May 8th, 20*18*.

I/We hereby release the Sumner County Board of Education and its employees and volunteer parents who are assisting for any liability any of them might have to us or the child for injuries to the child while participating in this trip.

I/We assume responsibility for all medical expenses incurred by the child and further agree to indemnify the Sumner County Board of Education and its employees for any liability they may have to our child or others for injuries the child suffers while on this trip.

I/We assume all liability for any injury or damage the child causes to others and agree to indemnify the Sumner County Board of Education for any expense it incurs due to actions by the child.

DATE: _____

* SIGNATURE OF PARENT(S)/GUARDIAN(S) _____

* Lunch information- MUST BE FILLED OUT!

_____ - My child will get a sack lunch from the cafeteria

Please check sandwich choice for a cafeteria lunch. Both are served with cheetos, apple, carrot sticks, and milk.

Soy butter sandwich has a cheese stick added as well.

_____ ham and cheese sandwich OR _____ soy butter and jelly sandwich

_____ - My child will bring their own bag lunch from home.

Payment- _____ Cash _____ Check _____ Credit paid on website

I. EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ ^{Activity} Sport: Adventure Science Center Sex: M _____ F _____
Grade: _____ Age: _____ Date of Birth: _____ / _____ / _____

Parent's Name: _____

Work Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Parent's Signature: _____

Student's Signature (if over age 18): _____

PARENT'S CONSENT

I hereby give my consent for _____ to represent

Hawkins Middle (Name of Student) _____
(Name of School) in the ^{activity} sport of Adventure Science Center

Date: _____ Signature: _____