

INFORMED CONSENT/PERMISSION FORM FOR AFTER SCHOOL
TRANSPORTATION TO SHAMROCK CENTRE

Name of School: _____

Description of Activity: _____

Date(s) of Activity: _____

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

If you choose to participate in the above described activity, you must understand that you bear the responsibility for any injury or possible risk that might occur. The School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT: WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Name of Student (*print*): _____

Signature

Date

Name of Parent/Guardian (*print*): _____

Signature

Date

Permission:

I give (*print name of student*) _____ permission to participate in the

(*description of activity*) to be held on or about

(*date*).

Name of Parent/Guardian (*print*): _____

Signature

Date