

2011-2012 TRAVEL RELEASE

The undersigned, one of the parents or the legal guardian of _____ a minor, hereby consents for said child to travel from Mid Buchanan R-V School District to including but not limited to: school athletic events, organizational field trip, and educational field trip.

I authorize Mid Buchanan coaches, sponsors and other adult sponsors of said trips to give their consent to and arrange for any and all emergency medical, surgical, and dental diagnosis, treatment and care which they deem necessary for said child while in their care; and I agree to pay for such services. I further authorize the coach, sponsor, and other adult sponsor of said trip to exercise control over said child and to administer reasonable disciplinary measures to said child to the extent they may deem necessary or expedient.

Dated this _____ day of _____

Signature

Relationship

Home Telephone Number

Cell Telephone Number

In case you are not available in the event of any emergency, whom shall we contact in your absence?

Name

Relationship

Address _____

Home and/ or Cell Number _____

Family Physician Information:

Name: _____ Telephone Number _____

Address: _____