



CR SOUTH HIKING/ADVENTURE CLUB OUT-OF-SCHOOL ACTIVITY

SATURDAY, JANUARY 11, 2020

3:00 P.M. – 8:30 P.M. (APPROX.)

- I give my child _____ permission to attend this Hiking/Adventure Club event in Philadelphia, PA
- I will provide transportation to and from CR South for my child OR my child will drive to and from CR South
- I understand my child will take a school bus to and from Philadelphia
- My child will have his/her own ice skates OR will have \$10 cash to rent ice skates at the rink.
- I understand all school rules will be in effect on the bus and at the event
- I have completed a medical form for my child, found of the back of this sheet
- OR I previously completed a medical form for my child, because they attended a previous hiking club event
- I have completed the COUNCIL ROCK waiver for my child, attached to this form

Name of Parent: _____

Signature of Parent: _____

Date: _____

**COUNCIL ROCK HIGH SCHOOL – SOUTH
EMERGENCY MEDICAL FORM**

Dear Parent/Guardian:

In the event that your son/daughter requires medical attention while participating in a hiking/adventure club function, we request your authorization to act until you may be reached/available.

Please read and complete the statement below. Your signature will provide the authorization that we will need. Thank you for returning this medical form, **IMMEDIATELY.**

STUDENT NAME: _____ BIRTH DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

Please name an alternate family member or friend who may be contacted in an emergency.

NAME: _____ PHONE: _____

RELATIONSHIP: _____

HEALTH INSURANCE CARRIER: _____

POLICY #: _____

PHYSICIAN'S NAME: _____ PHONE: _____

Please note any medical condition(s) of which we should be aware.

ALLERGIES:

TETANUS BOOSTER _____ SPECIAL DIET: Diabetic _____ Other _____
(date)

PRESENT MEDICATIONS:

In the event that I cannot be reached and my son/daughter requires medical attention, I authorize a representative from the Council Rock School District to act in my behalf.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

ADDITIONAL WAIVER FOR PARTICIPATION

I, _____,
am the parent or legal guardian of _____

and have given permission for my child to participate in the Council Rock High School South Hiking/Adventure Club's trip to River Rink in Philadelphia on January 11, 2020.

I acknowledge that the ice skating activities on this trip carry inherent risks.

I assume the risks associated with those activities.

I hereby release the Council Rock School District, its directors, administrators and employees from, and agree to defend, indemnify and hold them harmless against, any and all claims, damages or liabilities of any kind arising out of or related to my child's participation in this activity.

By signing below, I intend to be legally bound by this document.

Signature of Parent: _____

Date: _____