

GFPS Parent	School Agreement and Medical	Consent Form	
CELTSCHOOLS			Medical Information
Name	Male Female		Parent, please complete:
Date of Birth	Grade		Major Illness
Parent/Guardian's Name			Medications
	Home Ph. #		Allergies
, the parent/guardian of the ab	Mother pove-named student give my approval ams conducted by Great Falls Public S	to his/her participation	Insurance Company:
a. On all trips he/she is to trivill abide by the Great Fabe subject to the stated power of the Board thereof, will be held liable as a result of participation. Parent Consent for medical treating the case of illness or serious.		gulations and will ns. s or employee, ıl bills incurred	Use the back side of card for any other special medical information
or daughter. Parent/Guardian Signature		Date	
DW-114 Medical Consent Fo			
GFPS Parent/	School Agreement and Medical (Consent Form	
OREM VOLUME			Madical Information



Name	_ Male Female
Date of Birth	Grade
Parent/Guardian's Name	
Address	Home _ Ph. #
Business Ph. Father	_ Mother
	d student give my approval to his/her participation cted by Great Falls Public Schools under the

- following conditions:
- On all trips he/she is to travel under the direction and authority of the supervisor, will abide by the Great Falls Public Schools and school travel regulations and will be subject to the stated penalties for violation of these regulations.
- No member of the Board of Trustees, Great Falls Public Schools or employee, thereof, will be held liable for accident, illness, fatality, or medical bills incurred as a result of participation or associated trips.

Parent Consent for medical treatment:

In the case of illness or serious injury, I give medical authorities permission to treat my son or daughter.

Major Illness Medications Allergies Family Physician	Parent, please complete:	
Allergies	Major Illness	
	Medications	
Family Physician	Allergies	
	Family Physician	
Insurance Company:	Insurance Company:	

Parent/Guardian Signature	Date	
rateni/Guardian Signature	Date	