

Snohomish School District

Hold Harmless Form for Animals in the Club/Activity/Classroom

Student Name: _____ * Grade: _____
Address: _____ City: _____
Guardian: _____ Telephone No: _____

*Your son/daughter has chosen to participate in a Snohomish School District club/activity that involves animals. Some club/activity/classrooms programs are more dangerous than others. Accidents can and do happen, and risks of serious injury do exist. Your student must obey all safety instructions and procedures provided by the staff member.

Your signature indicates that you have been advised of this information and agree to indemnify, hold harmless and defend the Snohomish School District, staff, coaches, advisors, and volunteers for any and all injuries, claims or damages which may arise from participation in activity named below.

I hereby grant permission for my student to participate in _____
for the 20__/20__ school year. (names of club/activities/classroom)

(date) (Signature of Parent or Guardian) (date) (Signature of Participating Student)

(Any changes to this information is the responsibility of the parent/guardian during 20__/20__ yr)

INSURANCE INFORMATION: The School District does not provide accident medical insurance for the participants of clubs/ activities/classrooms. The following information must be on file with the school district prior to any student participation in a club/activity/classroom _____ (student's name) is covered by _____, policy # _____.
(name of insurance company)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: As parent or legal guardian of _____, a minor, I hereby authorize the Snohomish School District club/activity/classroom advisor/teacher or their designee to seek a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

I understand the Snohomish School District, its employees and its Board assume no liability of any nature in relationship to transportation or treatment of the said minor including but not limited to paramedic transportation, hospitalization, examination, x-ray or treatment.

Family Doctor's Name: _____ Doctor's Telephone Number: _____
Parent/Guardian Home Phone No: _____ Parent/Guardian Emergency Phone No: _____
Emergency Contact and Telephone Number: _____
Any Medications Currently Being Taken by Student: _____ Any Allergies: _____
Parent/Guardian Signature: _____ Date: _____
Participant Signature: _____ Date: _____
Date Received by School: _____ School Personnel Receiving Form: _____

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