



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

Your student has chosen to participate in a Stanwood-Camano 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.

Student Name: _____ Street Address: _____ Guardian: _____

Grade: _____ City/State/ZIP: _____ Phone: _____

Your signature indicates that you have been advised of this information and agree to indemnify, hold harmless and defend the Stanwood-Camano 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 _____ school year.

Signature of Parent or Guardian: _____ Signature of Participating Student: _____

Date: _____ Date: _____

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 _____ (name of insurance), policy # _____.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: As parent or legal guardian of _____, a minor, I hereby authorize the Stanwood-Camano 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 Stanwood-Camano 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: _____ Parent/Guardian Signature: _____

Doctor's Phone: _____ Date: _____

Parent/Guardian Phone: _____ Participant Signature: _____

Parent/Guardian Emergency Phone: _____ Date: _____

Emergency Contact Name and Phone: _____ Date Received by School: _____

Any Medications Currently Being Taken by Student: _____ School Personnel Receiving Form: _____

Any Allergies: _____