SAN MIGUEL
HIGH SCHOOL
Cristo Rey Network

Consent & Release for School-Sponsored Activity

Name of student: _____ *Relationship to me:*_____
Student home address: _____ *Emergency phone:*_____
*Activity or program:*_____
Duration: _____ *To:* _____
Location: _____*SMHS supervising staff:* _____
Form of transportation (indicate if school-provided): _____

MEDICAL RELEASE

My permission is hereby given to the supervising staff member of San Miguel High School (named above) to authorize, by his or her signature, whatever medical or surgical treatment may be considered immediately necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency involving my child/ward.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my aforesaid agent(s) to give specific consent and any and all such diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

RELINQUISHMENT OF CLAIMS AGAINST SAN MIGUEL HIGH SCHOOL ONLY

As parent/guardian, I recognize and acknowledge that there are risks in my child's/ward's presence and participation in the school sponsored activity or program named above. I agree to indemnify, hold harmless, waive, and relinquish all claims I may have against San Miguel High School including any claims of negligence on its part and of its officers, agents, employees, representatives, or volunteers arising out of, in connection with the transportation to and/or from, any activity in which my child/ward participates, including claims of bodily injury, death, and property damage as a result of, arising out of, or caused by my child's/ward's presence and participation in this school sponsored activity or program.

BEHAVIOR EXPECTATIONS

- **Students**
  By means of my signature below I agree that the staff supervisors and chaperones have the right at their discretion to enforce the established rules of conduct, and I am willing to abide by them at all times. I further understand that if I should fail to meet or maintain these standards (or if the staff/chaperones consider my actions or conduct to be detrimental to the interest, harmony, comfort, or welfare of the trip/activity as a whole), my participation shall terminate.
- **Parents/Guardians**
  By means of my signature below, I admit understanding of the terms above (Medical Release & Relinquishment of Claims). I further understand that if it is deemed necessary to transport the student (named above) back to the San Miguel High School vicinity by the aforementioned school agent(s), that I the parent/guardian bear responsibility for the cost(s) associated with the return transportation.

MEDICAL INSURANCE INFORMATION

☐ ***CHECK HERE*** only if updated health benefit information is on-file with the school office (then, skip to "signatures")

Name of emergency contact:_____ Phone:_____
Family Physician: _____ Phone: _____City: _____
Allergies, medications, reactions or other comments:_____
_____
_____
Insurance carrier: _____
Plan/Group Number _____ ID Number _____

PLEASE ATTACH A COPY OF THE STUDENT'S HEALTH BENEFITS CARD

SIGNATURES

Parent/guardian signature _____ Date _____

Parent/Guardian name (Printed) _____

Student signature _____ Date _____