

## Medical Treatment Authorization & Liability Release

I, the undersigned parent or guardian do hereby grant permission for my child to attend \_\_\_\_\_ . I have completed the Student Medical Release Form with the necessary information. In the case that my child should sustain injury or illness during the time of the camp, I hereby authorize medical treatment deemed necessary and as prescribed by a licensed physician. I further acknowledge that I will be responsible for any medical expenses incurred on behalf of my child for physical injury or illness that he/she may sustain during the camp. I also agree to release and hold harmless the Williamson County Board of Education, its officers, trustees, agents, and employees, including but not limited to all persons employed or hired to help with the camp from any liability for personal injury or property damage arising out of the participant's participation.

### Participant Responsibilities

1. Attendance and participation is expected at all sessions, and all students are expected to adhere to all applicable Williamson County School Board Policies. The possession or use of alcoholic beverages, illegal drugs, or tobacco is prohibited for the duration of the camp. Any participant found in violation of any of these rules may be sent home immediately at his/her own expense and will be disciplined accordingly under the applicable Williamson County School Board policies.
2. If a student exhibits irresponsible behavior that endangers the health, safety, or welfare of others, then the parent or guardian will be notified and the child will be sent home immediately at the parents' expense.

I have read the medical release and rules and agree to the adherence thereof.

**Participant Signature**

**Parent/Guardian Signature**

\_\_\_\_\_

\_\_\_\_\_

**Date**

### Student Medical Release Form

**Student's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **2008-2009 Grade Level** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Name & Phone of Other Contact Person** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_