

HAMMOND

summer programs

2015 Travel and Medical Release Form

Student Information

Student's Full Name _____

Gender: Male ___ Female ___ (check one) Date of Birth ___/___/___ Grade _____

Student Address & Contact Information

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alt. Phone _____

Parent/Guardian Information

Parent/Guardian 1: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Parent/Guardian 2: _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Emergency Alternative Contact Person

Parent/Guardian 2: _____ Relationship _____

Home Phone _____ Cell Phone _____ Work _____

Permission to travel

Hammond School will make every reasonable effort to guard the health, safety, and welfare of the participants in school sponsored activities. Despite these efforts and precautions taken, it can be anticipated that an emergency, sickness, or injury may affect students participating. The School carries liability insurance and beyond, that neither the School, nor any administrator, teacher, employee, or agent with the School, nor any party, organization, or agency collaborating with the School is or shall be responsible or liable for any injury, loss, damage, deviation, delay or curtailment, however caused, or the consequences thereof which may occur during any part of the travel or study program. The School therefore requires that each participant carry appropriate medical and liability insurance.

I have read the above paragraphs and do accept the statements set forth by Hammond School. I hereby grant permission for my child to participate in and to travel to and from all Hammond School sponsored athletic event, field studies, and field trips.

I agree/Permission to Travel

Permission for Emergency Treatment

Although they rarely occur, emergencies can arise whereby immediate action is require to preserve the health and welfare if the student. The agreement set forth below is designed to protect both students and Hammond School in the event an emergency arises which requires immediate actions parents would take if they were present.

Since minors may not, as a rule be administrated an anesthetic or have surgery performed of them without content of a parent or guardian, we are requesting that parents/guardians sign the following statement. This will prevent a dangerous delay in case an emergency arises whereby hospitalization and/or surgery may be required and it may be impossible to contact the parent or guardian immediately. In the event of illness or injury to our son/daughter/ward we hereby authorize a representative of Hammond School to obtain the services of a licensed practitioner and, where required, to get consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

I agree/Permission for Emergency Treatment

I agree that all the information above is true and to the best of my knowledge.

Parent/Guardian Signature _____

Date ____/____/____