

MORA MIDDLE SCHOOL

EXCURSION/FIELD TRIP WAIVER AND MEDICAL AUTHORIZATION

I hereby give permission for my child, _____

in _____ grade to participate in all activities and field trips as a part of his/her regular school program.

I, the undersigned, hereby release and discharge the Mora School District, Officers, Employees, Agents and servants herein collectively referred to as "District" from all liability arising out of or in connection with the above named field trip or excursion. The purpose of this agreement, liability, means all claims, demands, losses, causes of action, suits, or judgments of any kind that I, my heirs, executors, administrators, or assignees may have against the district or that any other person or entity may have against the district because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above described field trip or excursion and that results from any cause other than the negligence of the district.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent or participant.

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip or excursion. It is understood that any child determined to be in violation or not meeting these behavior standards will be sent home at the parents' expense.

Parent/Guardian Signature

Date

Address

Phone