

**BOSQUE SCHOOL
CONSENT FORM – 2009/2010**

FOR GYM USE, EXPERIENTIAL EDUCATION, FIELD TRIPS, INTERSCHOLASTIC ATHLETICS
(This form must be completed in its entirety for every student—Please print)

Student Name _____

Grade _____

YES NO Parental Consent

We, parent(s)/guardian(s) and student, are aware that preparation for and participation in physical and outdoor education and athletics involve risk of injury to the student that may be serious and even permanent. We understand and acknowledge the eventuality of these injuries as inherent in physical activity. We, parent(s)/guardian(s) and student, have completely read this paragraph, fully understand the risk, and voluntarily accept the consequences of physical activity. I hereby give consent for my child to participate in physical and experiential education and athletics at Bosque School. *(Insurance Note: Bosque School requires proof of insurance for students involved in physical and outdoor education and/or athletics.)*

YES NO General Permission for Field Trips and other Off-Site Activities

Permission is granted for my child to attend scheduled field trips and off-site activities that are a regular part of the school curriculum including, but not limited to, those of the science, physical education, community service, advisory, and social studies/humanities programs. This blanket permission covers all off-site activities where students walk to an activity. It also covers all off-site activities where students are driven by adults approved by both Bosque School's business office and the school's liability insurance carrier. (A separate permission slip must be signed each time a student goes on a field trip where a student is driving a personal vehicle.)

YES NO Authorization for Medical Service

I (we) request that I (we) be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event I (we) cannot be reached, I (we), parent(s)/guardian(s), hereby designate appropriate school personnel (e.g. Head of School, Coach, Advisor, Trip Leader, Teacher) to act in my/our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency while participating in school athletics or school-sponsored activities. In the event I (we) cannot be reached and the situation calls for medical attention, I (we) recognize and relinquish my/our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child. I (we) assume financial responsibility for such services.

YES NO Promotional Materials

Bosque School has my permission to use my child's photographs and words in its promotional materials.

Permission to Dispense Pain Reliever

Bosque School has my permission to dispense the following nonprescription pain medication to my child:

YES NO ibuprofen (such as Advil)

YES NO acetaminophen (such as Tylenol)

Signature of Parent/Guardian: _____ **Date** _____