

## RELEASE AND MEDICAL TREATMENT AUTHORIZATION

The undersigned represent that they are the parents or legal guardian of \_\_\_\_\_, a minor, and hereby consent to said minor's participation in a trip by members of the \_\_\_\_\_ class of Rock Port R-II School to \_\_\_\_\_ which said trip is to be supervised by \_\_\_\_\_.

The undersigned further states that they thereby release the said school and the parents, their heirs, administrators, executors and assigns, from liability for any and all injuries, losses and damages to person and property which may be sustained or received by the aforesaid minor and arising out of and in connection with said trip. The undersigned further states that in the event of medical emergency during the period of said trip, the said above sponsors are hereby authorized to obtain all medical care and treatment for said minor which in the sole judgment and discretion of the above named supervisors shall be deemed necessary, including but not limited to, surgery, anesthesia, blood transfusion and hospitalization. The undersigned further agree to indemnify the said supervisors and save them harmless of and from any and all expense arising of said medical care and treatment rendered on behalf of said minor.

Date this \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Principal's Signature

(This slip must be returned to school prior to the trip/activity for your child to be able to participate.)