



**LIABILITY RELEASE and LIMITED POWER OF ATTORNEY
For participation in off-campus activities and field trips sponsored by the
Thomas County School District**

I, (insert parent/guardian's name) _____, the undersigned, in order
for my child (insert child's name) _____ to participate in off
campus activities and field trips sponsored by the Thomas County School District, do hereby state
and agree as follows:

1. In consideration of permission being granted to my child to participate in field trips and activities being sponsored by the Thomas County School District, I am entering into this release agreement which extends to the Thomas County School District, its agents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter referred to as releasees).
2. Any chaperone appointed by the Thomas County School District or its designee has my permission to authorize emergency medical care for my child. My religious beliefs do not preclude any medications or normal emergency procedures. My health insurance company and policy number are:

Ins. Co. _____
Policy No. _____

In case of emergency, I can be reached at the following numbers:

_____ or _____

3. I do further and hereby constitute and appoint any chaperone appointed by the Thomas County School District as my attorney-in-fact to make any and all decisions which he or she believes to be in my child's best interest as to the obtaining of emergency medical care. I further agree to be liable for any and all the expenses incurred by my attorney-in-fact while he or she is acting under the provisions of this instrument.
4. I understand that I will be responsible for the costs of any medical treatment provided to my child, and the chaperone(s) are authorized to sign any necessary documentation as my attorney-in-fact at any medical facility providing medical services for my child.
5. I hereby grant Thomas County School District and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my child's health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection herewith. I further agree to be liable for any and all the expenses incurred by my attorney-in-fact while he or she is acting under the provisions of this instrument. I understand that I am responsible for my child's medical insurance coverage.

Parent/Guardian Signature

Date

Witness

Date

Note: Please complete the front and back of this form.



Medical Information
(Please Print)

Name of Student: _____

1. Known drug allergies: _____

2. Last Tetanus administration received: _____

3. History of heart condition, diabetes, epilepsy, or rheumatic fever: (please describe)

4. Medication currently taking: _____

5. Any physical restrictions: _____

6. Other conditions: _____

7. Name of family physician and telephone number: _____

8. Closest relatives' name and telephone number: _____

Home Phone

Work Phone

Please have your child know and understand the Code of Conduct located in the student's handbook– any person violating these rules may be sent home at his or her own expense, cause participants from the school to be sent home, or otherwise disqualify the school from participation in the activity.