

Rochester School Department Trip Release

Activity:	Date of Activity:
School:	Teacher:
Participant:	Date of Birth:
Participant's parent or guardian name:	Home telephone number:
	Business telephone number:

Medical Information
Does the participant have any of the following? (If yes, explain below. Use other side if needed)
<input type="checkbox"/> Special diet <input type="checkbox"/> Chronic/Recurring illness <input type="checkbox"/> Surgery or serious illness in the past year <input type="checkbox"/> Allergies <input type="checkbox"/> Medication <input type="checkbox"/> Physical conditions that limit activity

Release made in the City of Rochester and State of New Hampshire, by the parent/guardian of the above named participant, a student in the Rochester School System.

In consideration of permission granted my son/daughter/ward by the Rochester School District, to participate in the aforementioned activity, I hereby release and discharge the Rochester School District, its agents, employees, and officers, from all claims, demands, actions, judgments and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators or assigns may have, or claim to have against the Rochester School District, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, caused by, or arising out of the above-described activities.

I am aware that participation in this program may present a strain on my child's body, or its parts and therefore I

represent to the School District that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I assume the risk of participating.

I understand that in case of injury or illness, I will be notified. If it is impossible to contact me and it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I understand field trips begin and end at the school. If a field trip extends beyond the school day, students will be dismissed when students return to the school.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the date indicated next to my name.

Signature of parent or guardian	Date
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