

Northwood School

Permission Form

Activity	Location of Activity:	Date of Activity
Northwood School	Teacher / Facilitator	
Participant	Date of Birth	Home telephone number
Participant's Parent or Guardian		Business/Cell phone number
Parent or Guardian Email Address:		Grade and Homeroom

<u>Medical Information</u>
<p>Does the participant have any of the following? (If yes, please explain below. Use other side if needed.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Special Diet </div> <div style="width: 30%;"> <input type="checkbox"/> Chronic/Recurring illness </div> <div style="width: 30%;"> <input type="checkbox"/> Surgery or serious illness in the past year </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Allergies </div> <div style="width: 30%;"> <input type="checkbox"/> Medications </div> <div style="width: 30%;"> <input type="checkbox"/> Physical conditions that limit activity </div> </div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div>

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

I will take responsibility for providing transportation for my child, whenever needed, to and from tryouts and/or practices, games or activities.

In consideration of permission granted my son/daughter/ward by the Northwood School District, to participate in the aforementioned activity, I hereby release and discharge the Northwood School District, its agents, employees, and officers, from all claims, 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 Northwood School District, its successors assign, for all personal injuries, known or unknown, and injuries to property, caused by, or arising out of, the above-described activities. I assume those risks and release, indemnify, and hold harmless School Administrative Unit #44, Northwood School Board, Northwood School District, its employees, agents, and volunteers assisting in this sport or activity from any and all manner or actions of claims related thereto, whether caused by negligence or otherwise.

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 Northwood 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. In order for my child to participate in any sport (practices and games) or activity, I know that my child will need to have this permission form signed and placed on file in the School Office prior to participation. Northwood School reserves the right to require a medical physical if, in its judgment, it would be in the best interest of the child and school district. Signing this form allows my child to participate in this sport or activity.

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, 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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