

Due by April 24, 2015
Return to Room 208 or Learning Center

Ola High School
FIELD DAY and MEDICAL CONSENT Form

_____ Vegetarian?
_____ Other dietary restrictions?
(please explain below)

Date & Time: **Friday, May 22, 2015 (10:30 a.m. - 1:00 p.m.)**

To attend Field Day, Senior Fees must be paid. Fees should be paid to Ms. Benton in the Learning Center.
Please return the completed form to **Ms. Pendergrass in Room 208 or the Learning Center.**

Completed form is due by: **April 24, 2015**

_____ I **WILL** attend Field Day and check out at 1:00 p.m. _____ I **WILL NOT** attend Field Day and will check out at 10:30 a.m.

Senior Name (Please Print)

Senior Date of Birth

Senior Signature (if senior is 18 years of age or older)

Parent/Guardian Signature (if senior is 17 years of age or younger)

Contact Number

MEDICAL CONSENT

If any emergency medical procedure/treatments are required by the student during field day, I consent to the field day's supervisor taking, arranging for, or consenting to the procedures or treatment at his or her discretion. I further release and waive any claim which I or any other person, firm, corporation, or entity may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures/treatment, if any. I **further agree to indemnify and hold harmless and reimburse the Henry County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as the field day supervisor from and for any and all claims and losses.**

Parent/Guardian Name (Please Print)

Date

Parent or Guardian Signature

Contact Number