

**SYLACAUGA CITY SCHOOLS  
PARENT RELEASE FORM  
OVERNIGHT TRIP**

This form must be completed, signed by Parent/Guardian and given to the Sponsor/Coach/Teacher in charge of the field trip/athletic event (these include all athletic participants, cheerleaders, band members and class field trip participants). A copy will also be kept on file in the school office.

Please Note: Athletic participants will complete a seasonal form for each sport. Cheerleaders will complete one form for the entire school year.

Student Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_ School

Represented: \_\_\_\_\_

Sponsor/Teacher/Coach: \_\_\_\_\_ Date of Event \_\_\_/\_\_\_/\_\_\_ Thru \_\_\_/\_\_\_/\_\_\_ ;

Write Yes \_\_\_ ( \_\_\_ ) \_\_\_ if entire season.

I do hereby authorize the Teacher/Coach/Sponsor/Person(s) acting as chaperones to acquire emergency medical treatment if needed for my child while he/she is participating in this school sponsored event. I further grant permission to hospital or health center staff members to administer immediate treatment to my child should he/she be injured or become ill. I also agree not to hold Sylacauga City School District/Sylacauga City Schools Staff and/or Chaperones liable for my injury incurred as a result of my daughter/son's participation. I hereby assume responsibility for payment of any medical attention required.

Please list any medications your child is allergic to and should not take: \_\_\_\_\_

Does your child presently have a medical condition that may need attention on this trip?  
Yes \_\_\_ No \_\_\_ If yes, please specify these and any long term medical condition(s):

My medical insurance company is \_\_\_\_\_

My insurance policy number is \_\_\_\_\_

I can be contacted by phone at \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Mailing Address: \_\_\_\_\_

Other emergency contact person - relative/friend/etc.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_