

The KenMat Foundation Extended Event Permission Form

Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Date of Event/Field Trip _____ Type of Field Trip _____ Cost _____

Destination _____

Individual(s)/ in Charge _____

Estimated Time of Departure _____ Return _____

Mode of Transportation To & From Event/Field Trip _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Relationship _____ Phone Number _____

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, GIVE PERMISSION FOR _____

Parent or Guardian Name

Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify The KenMat Foundation from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by The KenMat Foundation in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by The KenMat Foundation while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____