

The KenMat Foundation Event/Field Trip Permission

Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Cell / Mobile Phone _____

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

Destination _____

Individual(s) in Charge _____

Estimated Time of Departure _____ Return _____

Mode of Transportation To & From Event _____

Student Cost (if applicable) _____

I, _____, grant permission for _____

Parent or Guardian Name

Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify The KenMat from any claims or law suits brought against The KenMat 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.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. 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 Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date

