

# 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

