

**Activity Release Form**  
**Appendix "A"**

Parents/Guardians are asked to please note the following:

1. The teacher in charge of the trip will have with them specific details, including parent(s)/guardian(s) name(s) and emergency contact information and medic alerts, for each student.
2. Students have been advised that all school regulations and expectations are in effect on all school outings.
3. Students will not be permitted to travel on school trips without signed permission forms.
4. By signing this form, parents/guardians are:
  - a. giving permission for their child to participate in and be transported for the noted school sponsored activity.
  - b. acknowledging the risks associated with travel, especially foreign travel, and the participant(s) of the trip are assuming these risks.

Child's Name: \_\_\_\_\_ School: Chester Area Middle School

Child's Health Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Describe Activity:** \_\_\_\_\_

Date(s) of Trip (including departure and return dates): \_\_\_\_\_

Departure Time: \_\_\_\_\_ Expected Return Time: \_\_\_\_\_

Mode(s) of Transportation: \_\_\_\_\_ Accommodations: \_\_\_\_\_

Organizing Teacher(s): \_\_\_\_\_

Chaperones: \_\_\_\_\_

Should an incident arise whereby my child requires medical attention, the person responsible for the school activity shall attempt to contact me in order to obtain my consent regarding all medical treatment to be carried out on my child.

Should it not be possible to contact me, I hereby give my permission to the person responsible for the school activity to consent to any and all medical treatment for my child recommended as necessary by a physician.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Please sign this form and return it to the school.  
If you require any further details of the trip, please contact the organizing teacher(s).*