

**KEARNEY HIGH SCHOOL  
ACTIVITY PERMISSION SLIP**

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

Specific Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Student will be expected to follow the sponsor's rules and represent the school in a responsible, cooperative manner and abide by all school disciplinary guidelines. Their conduct will set a precedent for future trips.

\_\_\_\_\_  
Parent/Guardian Signature Address

Student Signature \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_ Date: \_\_\_\_\_

We hereby give our consent for the above student to attend the above-mentioned event. We also give our consent for the above student to accompany the sponsor and school group attending and will not hold the school responsible in case of accident or injury whether it be during the event or enroute to or from the event. We hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the program of the students school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of this activity.

Medication(s) Student presently taking \_\_\_\_\_

Student's physical disabilities or handicaps, if any \_\_\_\_\_

\_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
Name of Insurance Company Policy Number

\_\_\_\_\_  
Signature of Parents or Guardians Date \_\_\_\_\_