**Hamilton Southeastern Schools**

***Fishers High School***

**PARENT PERMISSION & RELEASE**

1. I, the lawful parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “child”), give permission for my child to participate in the activity of Fishers Speech and Debate 2021-22
2. I agree that transportation for this activity is the responsibility of the School Corporation unless otherwise announced. I will make specific arrangements with the staff in advance if my child will not be riding official transportation to and from events.
3. I release and indemnify Hamilton Southeastern Schools, and their officers, agents, representatives, volunteers, and employees from liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from related activities or events.
4. I understand that my child must cooperate with the agents of Hamilton Southeastern Schools in charge of the related activities or events and understand that my child must comply with all school rules and expectations.
5. I authorize the agents of Hamilton Southeastern Schools to address my child’s injury, illness, or medical emergency during the activity or related travel including the authority to give any and all consents and authorizations to medical or any other emergency actions.
6. I understand that the agents of Hamilton Southeastern Schools will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

I have carefully read this statement, and my signature acknowledges that I agree to the items above and fully understand the content and meaning.

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_

Phone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work/cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_ (home) \_\_\_\_\_\_\_\_\_\_\_

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mandatory Parent Meeting Thursday, September 30th--- All students need to be represented. Contact Paul Kennedy at** [**pkennedy@hse.k12.in.us**](mailto:pkennedy@hse.k12.in.us) **with any questions.**

**Speech and Debate Team Dues are $100 and must be received by October 15th. Students will have details about the sucker fundraiser. Make checks payable to Fishers Speech Team. Contact Mr. Kennedy if you have concerns about team dues.**

**Please return this completed form to Mr. Kennedy by Friday, October 1st.**