

Child Medical Liability Waiver

For School Activities

Child's Full Name:

Date of Birth:

Parent/Guardian Name:

School Name:

Activity/Event Name:

Activity/Event Date(s):

Emergency Contact Name:

Emergency Contact Phone:

Relevant Medical Conditions (if any):

Waiver and Release:

I, the undersigned parent or legal guardian, hereby authorize my child to participate in the above school activity/event. I acknowledge that participation may involve certain risks, and I assume full responsibility for any injury or accident which may occur during this activity/event. I hereby release and discharge the school, its employees, staff, and volunteers from any and all liability or claims in connection with participation.

In case of emergency, I authorize the school to secure proper medical treatment for my child if I cannot be reached.

Parent/Guardian Signature:

Date:
