

School Event Health Waiver Agreement

This agreement must be completed and signed by a parent/legal guardian prior to participation in any school event or activity.

Participant Details

Student Name

Event Name

Event Date

Health Declaration

By signing this agreement, I affirm that:

- The participant is in good physical health and able to participate in the above-named event.
- I have disclosed any known medical conditions, allergies, or medications to event organizers.
- If symptoms of illness are present prior to or at the time of the event, the participant will refrain from attending.

Waiver of Liability

I understand and acknowledge that participation in school events involves certain risks, including possible exposure to illness or physical injury. I voluntarily assume all risks on behalf of the participant and agree to release the school, its employees, and volunteers from any liability arising from participation in the event.

Emergency Authorization

In the event of a medical emergency, I authorize school staff to obtain necessary medical treatment for my child. I accept responsibility for all costs associated with such treatment.

Parent/Guardian Signature

Date

Print Name

Contact Number