



**Field Trip Participation:**

I give permission for \_\_\_\_\_ to participate in club field trips. I understand that I will be notified & asked to complete a permission form for each trip in advance and assume full responsibility for his/her participation. Transportation will be provided by Woodford County Board of Education. A transportation fee may be required.

**Picture/Video Authorization:**

During the course of the year, we will be taking pictures and/or videos of our students. We will be making a scrap book with these pictures and may be sending some to the newspaper and some may be included on our web page. We would like your permission to include your child.

I, \_\_\_\_\_, the lawful parent or guardian of \_\_\_\_\_ give my permission to release any pictures taken of the above mentioned child, by the club volunteers to be included in any announcements, advertisements, and documents in the WCMS name.

**AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I, \_\_\_\_\_ the lawful parent or guardian of \_\_\_\_\_, A minor child of whom I have custody and control, do hereby authorize the agents and employees of the Woodford County Board of Education to procure such emergency medical treatment as may be reasonably necessary to provide for the health and well being of said minor child at any time that such minor is in the custody of said Woodford County Board of Education employee while in attendance at school, in attendance at the WCMS club, or while en route to or from a school.

I further authorize the said agents or employees of the Woodford County Board of Education to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, the Woodford County Board of Education agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

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

Other person to be notified:

Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Local phone # for emergency, please.

Date of last Tetanus Booster Shot: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

**\*\*\*\*Please return the completed form to Melody Hamilton (PE teacher) at WCMS or the WCMS front office\*\*\*\***

**For more information call Mrs. Hamilton at 873-4721x278 or e-mail at [melody.hamilton@woodford.kyschools.us](mailto:melody.hamilton@woodford.kyschools.us)**