



GFPS Parent/School Agreement and Medical Consent Form

Name _____ Male _____ Female _____

Date of Birth _____ Grade _____

Parent/Guardian's Name _____

Address _____ Home Ph. # _____

Business Ph. Father _____ Mother _____

I, the parent/guardian of the above-named student give my approval to his/her participation in any of the supervised programs conducted by Great Falls Public Schools under the following conditions:

- a. On all trips he/she is to travel under the direction and authority of the supervisor, will abide by the Great Falls Public Schools and school travel regulations and will be subject to the stated penalties for violation of these regulations.
- b. No member of the Board of Trustees, Great Falls Public Schools or employee, thereof, will be held liable for accident, illness, fatality, or medical bills incurred as a result of participation or associated trips.

Parent Consent for medical treatment:

In the case of illness or serious injury, I give medical authorities permission to treat my son or daughter.

Parent/Guardian Signature _____ Date _____

Medical Information

Parent, please complete:

Major Illness _____

Medications _____

Allergies _____

Family Physician _____

Insurance Company:

Use the back side of card for any other special medical information



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