

TIGER LATCHKEY CLUB

Date: _____

TIGER LATCHKEY CLUB INFORMATION SHEET

CHILD'S LEGAL NAME _____

NAME CHILD SHOULD BE CALLED AT SCHOOL? _____

BIRTHDATE: _____ AGE _____ SEX M OR F

HOME ADDRESS: _____

HOME PHONE: _____

NAME OF MOTHER OR GUARDIAN _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

NAME OF FATHER OR GUARDIAN _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

CHILD'S GRADE LEVEL: _____ TEACHER: _____

EMERGENCY NAMES AND PHONE NUMBERS

(We will begin with the names and numbers above, unless stated otherwise.)

NAME: _____ ADDRESS _____ PHONE _____

NAME: _____ ADDRESS _____ PHONE _____

NAME: _____ ADDRESS _____ PHONE _____

NAMES OF PEOPLE WHO MAY/MAY NOT PICK UP MY CHILD:

MAY: _____ MAY NOT: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

HEALTH CONCERNS WE SHOULD BE AWARE OF: _____

CHILD'S INTERESTS: _____

**MOUNT PLEASANT TOWNSHIP COMMUNITY SCHOOL CORPORATION
FIELD TRIP PARTICIPATION PERMISSION FORM AND RELEASE FORM**

Trip to _____ with _____
 DESTINATION GROUP OR TEACHER

STUDENT'S NAME _____ GRADE _____

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN OF EACH STUDENT PRIOR TO PARTICIPATION IN A SCHOOL FIELD TRIP AND MUST BE SIGNED BY THE PARENT/GUARDIAN AND BY THE STUDENT.

PERMISSION

I/We the parent(s)/guardian(s) of the student named above, on my/our own behalf and on behalf of my/our child, in full recognition and appreciation of the dangers and hazards inherent in this field trip, do hereby give my/our consent for his/her participation in this trip.

RELEASE

In consideration of the provision by Mount Pleasant Township Community School Corporation of the transportation and means by which this trip is undertaken, I/we hereby release and discharge the Mount Pleasant Township Community School Corporation, its officers, agents employees and the sponsors/chaperones of this trip from and against any and all claims or causes of actions on account of damage to property, or for personal injury or death which may result from the student's participation in this field trip or transportation during this field trip, except and unless such damage, injury or death is caused by the gross, willful, or wanton negligence of the released parties, or by their intentional misconduct.

AUTHORITY TO ACT FOR THE DELIVERY OF EMERGENCY MEDICAL CARE

Should I/we be unavailable or otherwise unable to provide direct authorization, I/we hereby grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of the emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child and to do all other necessary things as I might or could do to provide for the child's health and safety, as if I were present.

CURRENT EMERGENCY INFORMATION

Home Telephone Number: _____

Mother's Employment or Emergency Telephone Number: _____

Father's Employment or Emergency Telephone Number: _____

Doctor Preferred: _____

Name	Telephone Number
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Dentist Preferred: _____

Name	Telephone Number
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Allergies and/or current medical treatments: _____

AGREEMENTS TO ABIDE BY RULES AND REGULATIONS

I/we parent(s)/guardian(s) expect my/our child to abide by all rules and regulations set forth by the sponsors and chaperones of this group. I, the undersigned student do hereby agree to abide by all rules and regulations set forth by the sponsors and chaperones of this group.

Parent(s)/Guardian(s) Signature(s)	Date	Student(s) Signature	Date
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Optional: Medical Insurance Company: _____	I. D. No. _____
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