

**Concordia Lutheran High School- Sader Nation 4-H
Parental Permission Slip**

_____ Date

I hereby grant my son/daughter/ward _____
Student's Name

my permission to attend and participate in any and all activities which are a part of the SaderNation 4-H Club at Concordia Lutheran High School.

I understand that the club and field trip activities will be supervised by adult leaders and I also understand that my son/daughter/ward will be responsible for all of his/her expenses connected with the course and/or its fields trips.

I hereby release the **Concordia Lutheran High School and SaderNation 4-H** and all its supervisors, employees, and/or representatives from any and all liability and/or claims and/or cause of actions, individually or collectively, for any damages or injuries which might be received during class activity, on field trips or in traveling to and from such field trip destinations, except for those which the School, its supervisors, employees, and/or representatives have effective insurance coverage but only to the extent of such insurance coverage.

Parent/Guardian's Signature

Address

Telephone number(s) where you may be reached during school and field trips.

I understand that any misconduct (by school authority standards) on my part will result in non-participation in future activities of the SaderNation 4-H and that severe misconduct might result in my parent being called to come and remove me from the field trip activity.

_____ Student's Signature

_____ Signature Parent/Guardian Date

**SaderNation 4-H
Medical Authorization Form**

I/We, being the parent(s) or legal guardian(s) of _____, a minor, do hereby appoint Brandy Elrod of SaderNation 4-H Concordia Lutheran High School, Tomball, Texas, to act in my/our behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the above-named minor during a period of my/our absence during the 2015-2016 school year.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care or hospitalization may be required.

Signature Parent/Guardian Date

Street Address City State Zip

Phone

Hospitalization coverage for the above-named minor: _____

Name of Insurance Company or Government Carrier: _____

_____ Identification or Contract Number Family Physician's Name

_____ Family Physician's Phone Number

Insurance Waiver Statement

Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school on co-curricular activities. I have read and understand the insurance waiver statement.

_____ Signature Parent/Guardian Date

_____ Student's Name