

Olathe Northwest Senior High School

Consent and Medical Authorization

Activity: _____
Scheduled Date: _____

(Print student's name) _____ has my permission to attend the activity/event listed above on the scheduled date. I understand that the activity/event is a school-sponsored event and may result in absence from regularly scheduled classroom time or activities.

I understand that the transportation to and from the originating and culminating location(s) for the activity/event is my responsibility. I understand that should my student violate any of the Olathe Northwest High School student policies, including substance possession and usage, I am responsible for his/her transportation from that activity/event.

The school district representative supervising the activity/event is hereby granted my permission to seek and authorize any necessary medical treatment that may be necessary for the health and well being of _____ in the event of accident or injury while he/she is attending the activity or event listed above for which my permission has been given.

Parent/Guardian Signature: _____

Dated: _____

Be it remembered that on this ____ day of _____, 200__, before me, the undersigned, a Notary Public, in and for the County and State aforesaid, came _____ (Parent/guardian name), who is personally known to me the identical person who signed the above and foregoing Consent and Medical Authorization, and acknowledged to me that he/she signed the same freely and voluntarily and knew the purpose for which said instrument was to be used.

State of Kansas

SS:

County of Johnson

Subscribed and sworn to me this _____ day of _____, 200__

Notary Public _____

My appointment expires: _____