

Sprouting Seeds School

Authorization Form

Medical Release

I _____ hereby authorize Sprouting Seeds School to obtain any needed medical treatment and/or hospitalization for my child _____, in the event of an accident, sudden illness, and the inability to contact me immediately.

I will assume any expense incurred by such emergency care.

Preferred Doctor: _____

Preferred Hospital: _____

_____ (Signature of parent/guardian)

(Date)

Field Trip Release

I hereby give permission for my child, _____, to participate in field trips arranged by Sprouting Seeds School.

All parents, guardians and drivers agree to protect, indemnify and hold harmless Sprouting Seeds School, its board members and staff from any and all claims, liabilities, damages or expenses (including defense costs) arising directly or indirectly from, or in any way related to: transportation in an automobile not owned by Sprouting Seeds School in connection with any Seeds activity, or while traveling directly to or from the place of such activities.

_____ (Signature of parent or guardian)

(Date)

_____ (Relationship to child)

Do you have a valid driver's license? _____

Do you have liability Insurance? _____

Do you have a current first aid card? _____