



**ASSUMPTION OF RISK AGREEMENT TO HOLD HARMLESS AND EMERGENCY RELEASE FORM  
REGARDING ELEMENTARY SCHOOL-SPONSORED BEFORE AND AFTER SCHOOL ACTIVITIES**

As the parent/legal guardian of the student named here \_\_\_\_\_ (child's name),  
I authorize my child to participate in a before or after school-sponsored activity at High Plains Elementary.

I understand that school nurses are not on duty after school hours and that in the event of a medical emergency, school staff will call 911 and parent/guardian. I understand that the health room is not open after school hours. Therefore, I agree that if an inhaler or epi-pen has been prescribed for my child, I will provide those and I further acknowledge that my child has been authorized to self-carry by a health care provider. No medication will be administered by school staff during the before or after-school activity time. If medication is absolutely necessary for the child during the before or after school activity, the parent/legal guardian agrees to assume responsibility for administering the medication outside of normal school hours.

Additionally, by signing below, the parent/legal guardian grants permission to an emergency health care provider to secure proper treatment for the student and the parent/legal guardian agrees to assume all costs for such treatment.

Students participating in the before or after school activity must obey all safety rules and must follow the school's code of conduct and behavior expectations.

**This form applies to the following activity:** Intramurals/Sports Club

**Parent/Legal Guardian:** Parents/Guardians who do not wish to accept the risks described in this notice should not sign the permission form and should not enroll their child in the before or after school activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency contact information in the event above parent/guardian cannot be reached:**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return this form and maintain a copy for your records**

**PLEASE RETURN TO MR. BRUBAKER**