

**BRIDGEWATER ELEMENTARY SCHOOL**

GENERAL EXTRA CURRICULAR RELEASE FORM

By signing the following, parents are granting the school permission to transport a student on an extra-curricular or a school trip.

I \_\_\_\_\_, request permission for Bridgewater Elementary to transport my son/daughter  
parent/guardian  
\_\_\_\_\_ to participate in student trips within the town of Bridgewater during the 2004/2005 school year.  
student's name

*Departure times, dates and other details will generally be communicated in a written note home prior to the trip taking place.*

Parent/Guardian Signature: \_\_\_\_\_

PLEASE NOTE: all school regulations and expectations are in effect on all school outings.

**STUDENTS WILL NOT BE PERMITTED TO TRAVEL ON SCHOOL TRIPS WITHOUT A SIGNED PERMISSION FORM.**

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**MEDICAL INFORMATION**  
(to be completed by Parent/Guardian)

Child's Name: \_\_\_\_\_

Age of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ NS Health Card #: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Medical problems: \_\_\_\_\_

Restrictions on child's activities: \_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT**

Should an incident arise whereby my child requires medical attention, the person responsible for the school activity shall attempt to contact me in order to obtain my consent regarding all medical treatment to be carried out on my child. Should it not be possible to contact me, I give permission to the person responsible for the school activity to consent to any and all medical treatment for my child recommended as being necessary by a physicial.

**CONTACT NAMES & NUMBERS**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I consent to medical treatment should an incident arise and I consider the activity described above to be appropriate for my child's participation and I consider the transportation, accommodation and supervision arrangements to be totally acceptable to me and of a standard I would not hesitate to support.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ Signature: \_\_\_\_\_

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**For sports teams, parents will be notified of individual games.**