

**THIS MUST BE COMPLETED BY EVERYONE IN ORDER FOR
YOUR CHLD TO PARTICIPATE**

The under signing parents and /or guardians of _____
do hereby give permission for the above named pupil to participate in the
Highland Middle School After School Activities program which can be held
before, during and /or after school hours.

Accidental injuries occasionally occur to participants in the After
School Activities program even though precaution against injury is taken. I
understand the personal safety of the student is of first importance to the
school. In the case of medical emergency I authorize an emergency medical
release for any immediate help my child might need until I can be reached.

I have medical and Hospital insurance with:

My Certificate number is:

If you do not have adequate insurance, you are encouraged to
purchase a policy covering accidental injury through the school. I desire the
student accident policy:

Yes _____ NO _____ or I decline to purchase _____ (please check
one)

Please *print* your
name _____

Signature of parent (s) or Guardian(s)

Date _____

**PLEASE UNDERSTAND IF *ANY PORTION* IS LEFT INCOMPLETE
– IT COULD RESULT IN A DELAY FOR YOUR CHILD TO GET
THE ACTIVIY OF THEIR CHOICE!!!**