

**Highland Joint School District #305
Craigmont, Idaho**

The undersigned, being the parent(s) or legal guardian(s) of:

(name of student)

hereby give my permission for this student to attend the following school activity:

(description & location of activity)

(date(s) of activity)

I hereby give any authorized representative of this School District the power of attorney to consent to any emergency medical care which might be deemed necessary during this time in the event I cannot be immediately reached for consultation. I waive any and all liability which may arise as a result of this activity and agree to hold said school district harmless therefrom.

(date)

(address)

(parent/guardian signature)

(telephone number)