

Argonia Recreation Commission

202 E. Allen Argonia, KS 67004

Wayne Vineyard, Recreation Commission President

***Kim Quinn, Summer Programs Coordinator**

**Consent to participate in summer recreation activity
and consent for treatment form.**

I, _____, the (parent or legal guardian) of
_____ give my consent for my child to participate in the
recreation activity described here:

The kids will go to the Regent Theater in Wellington, KS on Tuesday, June 19, 2018 to watch "Despicable Me 3". The cost is \$2 per child to attend. This includes movie, popcorn, and drink.

The bus will load at Argonia Elementary School at 9:45 AM and leave promptly at 10:00. Return time is approximately 12:45-1:00 PM. Please make arrangements to pick up your child or let Kim know where they need to go upon their return.

I further give my legal consent and authorize any representative of the Argonia Recreation Commission to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801 and any hospital.

I acknowledge and agree that the Argonia Recreation Commission and/or Argonia Public Schools is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work, home, and cell phone numbers to the school.

I agree to pay and assume all responsibility for medical and hospital expenses and any other emergency services incurred on behalf of my child.

This form must be signed and returned to Kim Quinn by Monday, June 18th if the above named child is to participate in the activity. Money is also due by Monday, June 18th.

Signature (Parent or legal guardian)

Home Phone Number

Date

Cell Phone Number

***Kim Quinn 316-706-7896**

Work Phone Number