

**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 meet at Richelle Greene’s Photography Studio (110 S. Main) on Monday, July 23, 2018 for a photography class. During the class the students will be walking around town taking pictures under the guidance of Richelle Greene and Kim Quinn. This is for Argonia students going into 1<sup>st</sup> through 8<sup>th</sup> grade. There is no cost for this activity.**

**The class will be held from 8:00 to 10:00 AM. Please make arrangements to pick up your child or let Kim know where they need to go at the end of the class.**

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 Friday, July 20<sup>th</sup> if the above named child is to participate in the activity.**

\_\_\_\_\_  
Signature (Parent or legal guardian)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number

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

\_\_\_\_\_  
Work Phone Number