



Bancroft Elementary School

15 Bancroft Rd
Andover, MA 01810

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Scott R. Morrison

Principal

Parent Consent and Medical Authorization for Before and After-School

Your child is invited to participate in activities that take place before and after school. These activities may include but are not limited to interscholastic sports, intramural sports, dances, and before and after-school clubs. Participation in these activities is voluntary, but you must give permission before your child can participate. Your signature below grants your permission.

Teachers, coaches, and/or volunteer leaders will supervise your child. Every program has certain unavoidable risks attached to it. We cannot enumerate every risk, but we believe that you are generally familiar with these activities and your child; therefore, you are in the best position to decide whether your child should participate. The School Department and Principal have approved these activities, but we cannot and do not guarantee that there will be no injuries or damages as a result of participation. Given the nature of some activities an additional consent form may be required.

By signing this form, you agree that your child may stay for activities before and after school. By signing this form, you also agree to release the Town of Andover, its School Department, elected officials, employees and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in any of these activities, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in an activity and a parent cannot be reached, your signature gives the school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the school district has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document and you are free to obtain a lawyer's advice at your own expense before signing it. You may not however, change the language of this form and any additions or deletions you make to this permission and release are void.

Student's Name: _____

Parent/Guardian: _____
PRINT SIGNATURE

Address: _____ Date: _____

Telephone Info:
Home _____ Work _____ Cell _____