

**PERMISSION TO LEAVE SCHOOL
FOR MEDICAL/DENTAL APPOINTMENT
AND RELEASE OF LIABILITY/ASSUMPTION OF RISK**

The undersigned parent/guardian of _____ (Student) gives permission for the Student to **leave General Sherman Middle School** (School) without supervision during the school day on the following date(s) and time(s): _____, 2011, at _____ (am/pm)
_____, 2011, at _____ (am/pm)
_____, 2011, at _____ (am/pm)

To attend a medical/dental appointment at: _____
_____(insert name of Dr. and address) utilizing the City of Lancaster Public Transit System (Transit) for transportation to/from the appointment. In exchange for the agreement of the Lancaster City School District Board of Education (Board) to permit the Student to leave the School as described herein, we hereby:

1. Release and agree to hold harmless and indemnify the Board, its employees, and agents from any and all liability, arising from negligence or otherwise, and any damages as a result of the Student leaving the School, including but not limited to property damage and any mental or physical bodily injury, including death.
2. Release and agree to hold harmless and indemnify Transit, its employees, and agents from any and all liability, arising from negligence or otherwise, and any damages as a result of the Student leaving the School, including but not limited to property damage and any mental or physical bodily injury, including death.
3. Acknowledge it is the sole responsibility of the undersigned to evaluate carefully the risks inherent in allowing Student to leave School, and voluntarily assume full responsibility for, and full risk of any property damage and any mental or physical bodily injury, including death of Student; and
4. Understand that this form is only valid for the date(s) and time(s) listed above.

Without in any way affecting the validity of the Parent/guardian's release, assumption of the risks and sole responsibility to evaluate the risks, the Board reserves the right to determine that permission to leave school as described herein should be denied. The Parent/Guardian will be contacted if such a denial occurs.
Parent/Guardian contact phone number: _____

We, the undersigned, have read the above carefully, and understand its significance and voluntarily agree to all of its terms. For divorce/separated parents, the Parent/Guardian signing this form attests that he/she has legal authority to provide consent for the Student to leave school as described herein on the date(s) indicated above.

Signature of Parent/Guardian of Student

Date

Printed Name of Parent/Guardian of Student

Date

Signature of Student

Date

Both signatures (Parent/Guardian and Student) and all information must be completed and this form returned to the school office before the Student may leave School as described herein.