

# Hingham High School Senior Night 2019

## MEDICAL CONSENT AND RELEASE FORM

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Cell(s): \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

List all pertinent medical information (i.e., allergies, conditions, or medications your student is currently taking):

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for the Hingham High School Senior Night Committee to secure such medical attention as the above-named student may require during Senior Night 2019 at Hingham High School, including the transfer of above-named student to a nearby hospital for the administration of emergency treatment as may be deemed necessary by medical personnel.

In connection with the participation of the above named student, I/we agree to assume all risks incidental to the event and agree to exonerate, indemnify, and hold harmless the Hingham High School and the Senior Night 2019 Committee including its officers, committee members, volunteers, and anyone assisting in the carrying out of said event, from and against any and all liability, loss, damage, injury, costs, claims, demands, and/or causes of action arising out of or related to the event or any related activities, or conditions created thereby. I have read the Senior Night 2019 guidelines and agree to abide by them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward completed form to Stacy Havens by (1) dropping at or mailing to 5 West View Circle, Hingham; (2) via email at [hinghamseiniornight@gmail.com](mailto:hinghamseiniornight@gmail.com); or (3) by dropping in the Senior Night 2019 box in the HHS main office.