

Highlands Latin School Release Form

HLS refers to Highlands Latin School including faculty, staff, officers, parents, and volunteers.

Please complete one form for each student. (additional forms are available at www.thelatinschool.org)

Student Name: _____ Campus (check one): Spring Meadows Crescent Hill

In the event of an emergency, we should try to contact:

1. _____ (parent) _____ (phone)
2. _____ (other) _____ (phone)
3. _____ (other) _____ (phone)

Medical Permission

HLS may give my child (check all that apply): Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin) Antacid
 Cough Drops Diphenhydramine (Benadryl) Hydrocortisone Cream

HLS does not have a school nurse on staff. I give permission for HLS to provide medical care and make medical decisions with the understanding that they are not trained medical professionals and may make mistakes. I release HLS from all liability for negligence or error in such actions. In the event of an emergency, HLS may release my child to a medical professional.

HLS is not an allergen free school. It is the responsibility of the parent and child to be capable of avoiding allergens and treating reactions. Due to the number of students and allergies, HLS does not regulate student contact with possible allergens.

Physical education courses, school performances, recess, sports, other school sponsored activities contain risk of physical injury. I agree that my child may participate in these activities and I release and hold harmless HLS from any and all liability for loss, injury, damage, or claims arising out of my child's participation.

If your child has a **serious** medical condition or allergy, please provide details below.

Travel Release

I give permission for my student to participate in school sponsored events. These events include but are not limited to field trips, sports, walks, and outdoor classes. I understand that my child may be transported by school vehicle, teacher, parent, faculty, student, or a third party transportation provider. I will be notified by email or phone of each event and I release and hold harmless HLS from any and all liability for any loss, injury, damage, or claim arising out of my child's participation in these events.

General Release

I agree to hold harmless and release HLS from liability for any loss, injury, damage, or claim arising out my child's attendance at HLS. I have inspected the school and surroundings and understand that HLS operates as a small community in a shared space without extensive security and medical procedures.

This release form shall continue after my student's enrollment at HLS. Dropping off your student at HLS constitutes acceptance of this release form.

This form must be signed by each parent or guardian.

_____ (signature) _____ (date)

_____ (signature) _____ (date)

Return by August 1st to: Highlands Latin School, 2800 Frankfort Avenue, Louisville, KY 40206

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