**Caddo Magnet Mock Trial Camp**

**Emergency Contact & Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print), the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print), hereby acknowledge that I freely and voluntarily permit my child to participate in Caddo Magnet’s Mock Trial Camp to be held on the campus of Caddo Magnet High School during the period of **June 16, 2025, through June 19, 2025.** I understand that participation in the camp is completely voluntary; that my child is under no obligation to take part in the camp; that the camp is provided through CMHS to enhance my child’s educational experience.

I expressly release the Caddo Parish School Board, its employees, volunteers, and all sponsors of this camp from any and all liability for any accident, injury, or illness which may be sustained while participating in the Mock Trial Camp.

I give the sponsors permission and authority to make provisions for emergency medical treatment for my child if they deem it necessary.

I understand that students are expected to conduct themselves in an appropriate manner.

**Photography:**

Caddo Magnet’s Mock Trial Team reserves the right to use photographs of the participants taken during the Summer Camp for future publicity and promotions.

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Parent or Legal Guardian Signature Date Contact Phone #

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

Student Signature Date

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify all known allergies to food, drugs, insect bites, dust, etc. and the nature of the reaction (if none, please put N/A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is presently taking medication, please identify the medication, and if you choose, the reason for its use (if none, please put N/A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Name Relationship Contact Phone #