

**RUIDOSO MUNICIPAL SCHOOLS  
PERMISSION SLIP**

I give \_\_\_\_\_ permission to participate in any school activity for the 20\_\_-\_\_ school year. I certify that I have adequate insurance or financial ability to cover any accident or injury sustained in this activity.

CHECK ONE:

- \_\_\_\_\_ I have a private (or group) medical/accident policy
- \_\_\_\_\_ I have school insurance
- \_\_\_\_\_ I am self-insured

It is understood that normal and reasonable precautions will be taken to ensure my child's safety. With these precautions in mind, my signature attests that I will hold harmless and exonerate the school from any liability, including court costs and attorney's fees, in case of injury or accident and that I will assume these responsibilities.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**LIMITED POWER OF ATTORNEY**

STATE OF NEW MEXICO  
COUNTY OF LINCOLN

The undersigned do hereby authorize and consent that any representative of the Ruidoso Municipal Schools act on our behalf in all ways and means for the limited purpose of authorizing and permitting hospitalization or necessary administration of medications and/or medical treatment to my child, \_\_\_\_\_ during the 20\_\_-\_\_ school year

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**COMPLETE THE FOLLOWING HEALTH INFORMATION**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Medication now being taken: \_\_\_\_\_

In case of emergency contact: (Parent or Guardian) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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

Policy # or Group # \_\_\_\_\_