

OVERNIGHT STUDENT ACTIVITY TRAVEL PERMISSION FORM

School _____ Date(s) of Activity _____

Destination _____

Student's First & Last Name _____ Grade Level: _____

Transportation will be by:

- ☐ District School Bus
- ☐ Private Car
- ☐ Walking
- ☐ Parent/Guardian (responsibility)
- ☐ Commercial Carrier
- ☐ Other (specify) _____

Fee Required _____

☐ Other Needs _____

*Student and parent/guardian must understand that it is the **student's** responsibility to make up any work missed during this absence.*

IMPORTANT INFORMATION

- I understand that this Extended Field Trip/Student Activity Trip will take place away from school property; may involve transportation provided by common carriers or other non-school provided means; overnight stays in hotels, motels or other non-school facilities; and may involve activities beyond the scope of traditional school functions conducted on District property.
- I understand that the student's participation in the above identified trip is voluntary and that such participation potentially involves risks and obligations that are impossible to predict but which may be beyond the scope of those normally associated with traditional school functions on school property. These risks may include, but are not limited to, the loss or damage of/to personal property, illness, personal injury or fatality and the obligation for payment of all costs associated with the trip.
- I understand that the novel coronavirus ("COVID-19") is said to be extraordinarily easy to transmit between people, and gatherings of large numbers of people or people in close proximity to one another are believed to be the main cause of the spread of COVID-19. The District has developed guidelines regarding health and safety precautions in accordance with guidance and orders from federal, state and local public health agencies. I understand that students are expected to follow these District guidelines during the above identified activity. While compliance with District guidelines may reduce the risk of contracting COVID-19 or other illness, I understand that no amount of instruction, precaution or supervision will totally eliminate all risk of illness or infection, including but not limited to COVID-19, and that student participation in the above identified activity includes possible exposure to a serious illness or even death.
- I release the Board of Education, the School District, its employees and authorized sponsors and volunteers from all claims arising from the student's participation in the above identified activity.
- I understand and give full authority for the School District to take whatever action it deems necessary to safeguard the health and well-being of the participating student including, but not limited to, the authorization to secure medical treatment for the participating student, or, in the discretion of the District, to require the participating student to return home.
- The student's participation in the Extended Field Trip/Student Activity Trip may be terminated for the student's failure to abide by District and school policies, for failure of the student to abide by the instructions of the student's teacher guide during the trip, or for failure to make timely payment of all fees and expenses. If the termination occurs during the trip, the undersigned parent/guardian agrees to bear all costs of the student's return home. When it is necessary to return a student home, the sponsoring teacher will personally notify a parent/guardian and will accompany and supervise the student to boarding and observe the departure of the student on the transportation system used to return the student home.
- I understand the District reserves the right to cancel any trip due to insufficient participation, adverse weather conditions, or other circumstances beyond its control. The District also reserves the right to alter or change the itinerary or to adjust program costs to reflect changes in exchange rates, in fuel costs or inflation.
- The undersigned, as the responsible parent/guardian, agrees to inform the sponsoring teacher of any physical and/or mental health issues of the student and complete and provide the District's required forms (609-402/435) from the student's licensed healthcare practitioner of any medication(s) which the student is required to take and the instructions for administering such medication(s).

INSURANCE- I understand the District does not purchase, or have, any insurance to cover medical, dental or hospitalization to cover injuries to or loss of life of students, damage to or loss of personal property or to indemnify parents/guardians for any expenses in connection therewith, and that if any insurance is desired, it must be purchased by the parent/guardian.

EXPECTED STUDENT CONDUCT - Students of Adams 12 Five Star Schools representing a class, sport or activity have the responsibility to maintain the same behavior standards expected of them while they are in school and are subject to consequences for breaches of such standards just as though they were in school.

As parent/guardian of _____, I/we have read the above and do hereby grant permission for my student to participate in the above identified activity.

Parent(s)/Guardian(s) _____

Date _____

Home or Cell # _____

Work # _____

Thank you for returning this form promptly.

To be used for trips overnight, in or out of state and/or country. Parent/guardian to complete and sign form and return to sponsor or building administrator prior to trip. This form MUST accompany sponsor on trip.



MEDICAL EMERGENCY FORM

To be used for trips overnight, in or out of state and/or country. Parent/guardian must complete and sign form and return to sponsor or building administrator prior to trip. This form MUST accompany sponsor on trip.

I / we, _____, being the parent/legal guardian of _____, ("Student) give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed healthcare practitioner, should my Student's condition require this treatment in my absence. I/we understand that, in such case, reasonable attempts will be made to contact me/us, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated here (if none, so state):

My Student has the following medical condition(s) which may require emergency care:

Adams 12 Five Star Schools and its personnel cannot dispense medication without written direction from the Student's licensed healthcare practitioner stating the Student's name, the name of the medication, the dosage and the period for which the medication is prescribed. (Form 609-402 and Form 620-435 for self-carry/self-administration must be provided to the District RN).

My Student requires the following medication(s):

This authorization is for the time period beginning

and ending

Signature of Parent or Guardian

Date