

DRAFT 3/6/18

STUDENTS

09.36 AP.211

Formatted: Centered

**In-State School-Related Student Trip Permission Slip/Medical Release and
Transportation Waiver Form**

This form to be used for all school sponsored events in Kentucky

This consent form is to be signed only after understanding and agreeing to the information below. If this completed form is not at school by the appropriate deadline and any necessary medications/supplies are not at the school prior to the trip, the student will not be permitted to participate.

Student's Name _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade _____	Homeroom/Classroom _____	
Field Trip Date(s) _____		Destination _____	
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

EXPECTATIONS AND INSTRUCTIONS:

I understand the following is expected of the student:

- To follow instructions given by a teacher/chaperone.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school and District policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to disciplinary consequences.

I UNDERSTAND THAT PARTICIPATION IN FIELD TRIPS MAY INCLUDE ACTIVITIES THAT INVOLVE RISK OF HARM TO MY CHILD. I ACKNOWLEDGE I AM FULLY INFORMED OF THE ACTIVITIES CONTEMPLATED.

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

During an emergency, I authorize any and all physicians, trained school personnel, and/or other medical providers to render such emergency treatment as deemed necessary for the health of my child. If any emergency medical procedures or treatments are required during this trip, I consent for the trip supervisor/sponsor(s) to arrange for them at their discretion.

Parent/Guardian's Signature

Phone Number

Date

Please return this form to your child's teacher.

Student medication may not be repackaged for field trips by school personnel. If your child needs medication during the school day we are requiring a separate bottle that is obtained from the pharmacy with a correct label and filled with the amount of medication needed for the trip.

STUDENTS

09.36 AP.211

CONTINUED

In-State School-Related Student Trip Permission Slip/Medical Release and Transportation Wavier Form

DRIVER AGREEMENT FORM

(Use of Private Vehicle for Student Transportation)

Name of Student: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ Phone Number: _____

I hereby authorize my above-named child to: [check and initial all that apply]

_____ Participate in the _____ [list name and purpose of off-campus activity]. During this student activity, I authorize my child to leave school.

_____ Leave school and drive his/her/my vehicle to _____ [state purpose of off-campus activity].

The right to leave school property for any off-campus activity is a privilege and may be suspended or revoked if a student violates any Board of Education policies, provisions of the Student Code of Conduct, or state or local laws, including traffic rules and regulations, while s/he is on school property or off school property. All provisions of the Student Code of Conduct and Board of Education policies shall be in effect while the student is off school property and participating in the off-campus activity, and the student is expected to comply with all such rules and regulations. Violations of such rules and/or regulations may result in appropriate disciplinary action.

The student's use of motor vehicles to travel to and from an off-campus activity is a privilege and involves an assumption of liability on the part of the student and his/her parents, and a responsibility in the care of property, in the observation of safety rules, and in the display of courtesy and consideration toward others. The Board of Education, its officers, employees, representatives and agents shall not be responsible for motor vehicles which are lost, stolen or damaged, and/or for injury, death or loss to persons or property resulting from a student's operation of a motor vehicle on school property, while traveling to or from the off-campus activity, or while participating in the off-campus activity.

A student authorized to drive his/her private vehicle off school property for an off-campus activity shall be solely liable for any injury, death or loss to persons or property related to or caused by his/her driving and his/her personal insurance shall be the primary insurance in any accident.

An agreement with the partner organization (co-op, job site, college etc...) must be on file in the guidance counselors' office.

All students must sign in/out when arriving or leaving campus and/or the partner organization.

Students must take most direct route to and from off-campus activity and arrive/return within time allotted for travel.

Attendance shall be communicated by partner organization (co-op, job site, college) to the attendance clerk/front office each session to document in Infinite Campus.

STUDENTS

09.36 AP.211

CONTINUED

**In-State School-Related Student Trip Permission Slip/Medical Release and
Transportation Wavier Form**

On days when there is no class/work, all students are expected to be at school and shall be assigned to a teacher. The teacher will be responsible for the student(s) assigned to him/her during the non-work/non-class days

If my child has been given permission to drive his/her private vehicle for an off-campus activity, I represent that my child has a valid driver's license and is covered by motor vehicle insurance.*

By signing below, we affirm that we have read and understand this entire document and agree to the terms and conditions set forth herein regarding _____ [Student's Name] participation in _____ [Off-Campus Activity].

Additionally, our signature below indicates that if we had any questions concerning this off-campus activity and/or this document, we have asked them of the _____ and our questions have been fully addressed/resolved. Finally, we acknowledge having had an opportunity to review this document with a representative of our choosing.

Parent/Guardian Signature Date

Student Signature Date

*Students must produce proof of insurance and a valid driver's license before approval to drive may be granted.