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**Student Permission Form to Participate in Overnight Travel Activity**

Name of activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time:

Location:

Transportation:

Student name

Parent / guardian name(s):

Street address

City, State, Zip code

Phone number(s)

I / we, the parent / legal guardian of the above named student give permission for the student to participate in the above described foreign travel activity. In case of an emergency, we authorize the School District of New Berlin to seek medical attention for the student and grant permission for necessary medical treatment to be given (complete and attach a *Student Health Information* form).

Further, I / we, the parent / legal guardian of the above named student give permission for the student to be transported pursuant to the attached itinerary, including travel via air, bus, train, taxi, or other mode, as deemed appropriate during the student’s participation in the above named activity.

By my signature below and in consideration for my child being allowed to participate in the above described foreign travel activity, we agree to assume all risks and responsibilities related to the student’s participation in the activity. We agree that all contractual obligations are between the undersigned and the broker / agency engaged as the trip operator. We agree to indemnify and hold the School District of New Berlin, the Board of Education, and its employees, officers, coaches, volunteers/chaperones, agents and representatives harmless from any and all claims and damages resulting from or relating to any accident or injury arising from participation hereunder, including travel to/from the activity/event. Further, we assume full responsibility for any damage to persons and/or property caused by or to my child. We further expressly agree that in the event disciplinary action may be necessary, my child may be returned home at my expense.

Parent/Guardian Signature Date

Student Signature Date

Advisor’s Signature Date

Administrator Signature Date

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**Student Health Information**

Student Name

Date of Birth

Address

City, state and Zip Code

Parent / Guardian Name

Address (if different)

City, state and Zip Code

Home Phone Work Phone

Cell Phone Other Phone

**Does this student have** (Circle all that apply)**?**

Asthma Allergies Diabetes Seizures Other (specify)

Is this student allergic to (circle all that apply, and explain below)?

Food Medication Stings / Bees Other

Explain

**Does this student have a condition that requires medication?** YES NO

If yes, explain

Name of medication

Directions and usage

**Should this student be under any restrictions of activity** (circle one)**?** YES NO

If yes, explain

**Last tetanus immunization**

**Explain dietary restrictions of your child, if any.**

**Insurance Company Name**

Policy Number Subscriber Number

Emergency Contact Information

Name Phone

Disclosure statement: I understand that it may be necessary to share the information on this form with other school and field trip personnel to ensure the health and safety of my student and the proper administration of any medication. This information may also be shared with emergency medical staff in the event of a health or safety emergency necessitating transport to a medical facility.

Parent/Guardian Signature Date

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**Waiver and Release of Claims for**

**Participation in Out of State, Out of Country, Overnight Field Trip**

**Student and Parent / Guardian**

Name of activity:

The undersigned expressly agrees and understands that s/he is participating in the activity named above, including travel, performances, sightseeing, and all associated activities. The undersigned recognizes that foreign travel opportunities have a degree of inherent risk. The undersigned also understand these risks may include injuries and/or illness sustained while traveling (including travel via air, train, bus, taxi, or other mode during the student’s participation in the activity. The undersigned understands the possibility of serious injury or illness may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions and rules related to the activity, and the undersigned agrees to obey such instructions and rules.

The undersigned further agrees to hold the School District of New Berlin, the Board of Education, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned’s participation in the activity. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned’s participation in such activities.

**I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.**

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Having read the above warning and having understood the dangers and potential risks involved in participating in the activity, I give my consent as the parent/legal guardian of the above named student to participate in the above-mentioned activity. I understand that since the School District of New Berlin does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury or illness result from participation in these activities. I understand that in the event this travel activity is cancelled by the school district, in its sole discretion, or any other agency, state, federal or local, the District will not reimburse any amounts paid to the District or the District’s selected vendor, regardless of the circumstances for the cancellation. I hereby agree to hold the School District of New Berlin, the Board of Education, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child’s participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Parent/Guardian Signature

Name(s) of Parent / Guardian

Date