

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT #202

TRIP CONSENT FORM

I, _____ hereby give permission for my son/daughter,
(parent's name printed)

_____ to participate in the **Medieval Times Field Trip** on
(student's name)

Tuesday, May 8, 2018, sponsored by Plainfield Community Consolidated School District #202, and to be transported by:

Parent/Private Vehicle School Bus Van

Please enclose a **check**, made out to **Timber Ridge Middle School**, for **\$ 37.00** to cover the cost of this activity.

1. **CONDUCT:** I understand that my student must comply with the provisions of the Student Handbook and other rules of conduct established by the School District while participating in the above-mentioned activity. I have discussed this requirement with my student.

2. **EMERGENCY MEDICAL AID:** I hereby give permission for the School District to secure whatever emergency medical treatment that my child needs in connection with the activity. Yes No

Medication Yes No _____
(Medication Name and Dosage/Time)

If I am away from home during the time of this activity, I can be reached at:

_____ (address) _____ (telephone number)

_____ (cell phone/alternate phone) _____ (pager number)

Other health information about my child, of importance to the activity: _____

3. **INDEMNITY/INSURANCE:** I agree to indemnify and hold harmless the Plainfield School District Board of Education and its' employees and volunteers against any claim for damages or loss including reasonable attorney fees which arise out of the above mentioned activity. I also understand that if transportation is provided by private vehicle, primary liability and insurance coverage resides with the driver and/or owner of the vehicle.

Signed: _____ (Parent or Guardian Signature) _____ (Date)

_____ (Address) _____ (Telephone)

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS #202
Timber Ridge Middle School

Student Name: _____

Grade: 6

Interscholastic Sport/Field Trip Activity: Medieval Times

Date: Tuesday, May 8, 2018

Insurance Waiver Form

_____ My child (ward) is covered by a school time or 24 hour student insurance plan.

_____ My child (ward) is fully covered by my insurance and we do not wish to apply for the school insurance for sports/field trip coverage. I understand that I waive all responsibility for school insurance in the event of injury.

_____ My child (ward) is not covered by any insurance and we do not wish to apply for the school insurance. I understand that I have full responsibility for all medical payment(s) for any injury or illness incurred on this trip.

(Parent/Guardian Signature)

(Date)

(Print Parent Name)

Consent for Participation and Emergency Medical Treatment and Waiver

Please read this form carefully and be aware that participation in the athletic/activities program(s) for which your child (ward) is being registered entails, like participation in virtually all-recreational activities, certain risks, which cannot be entirely eliminated despite due care exercised by the Timber Ridge Middle School staff in conducting such program(s).

I hereby give my consent for my child (ward) to participate in the athletic/activities program(s) and understand that appropriate precautions are taken to protect program participants. However, I also recognize and acknowledge that there is a degree of risk, that my child may sustain personal injury or damage to property in the course of partaking in such activities, and that Timber Ridge Middle School cannot guarantee risk-free recreational experiences to program participants. I nonetheless desire to procure the benefits of recreation for my child (ward) and accordingly consent to his/her participation as described above.

I agree to emergency treatment by a physician of a hospital in the event I cannot be reached, and I understand that Timber Ridge Middle School does not cover participants for any type of medical costs.

I hereby fully release and discharge Timber Ridge Middle School and its officers, agents, servants and employees from any and all claims for injuries (including death), damage, or loss which I may have or which may accrue to me on account of child's (ward's) participation in the program(s). I further agree to indemnify and hold harmless School District #202 and its' officers, agents, servants, and employees from any and all claims and expenses (including attorney's fees), resulting from injuries (including death), damages, and losses sustained by me and arising in any way out of my child's (ward's) participation in said programs.

I have read this entire document, understand all of its terms, and sign it voluntarily with full knowledge of its Significance.

(Parent/Guardian Signature)

(Date)