

ELMHURST COMMUNITY UNIT SCHOOL DISTRICT 205

Field Trip and Tour Permission and Medical Release Form

2018-2019

Date of Trip: May 29, 2019 To: 8th Grade Activity Day-Anita Dee Yacht Charter

Instructor: 8th Grade Seminar Teachers Grade: 8th Grade

Time Leaving: 9:00AM Expected Return: 2:00PM Cost of Trip*: \$50.00 Due By: May 8, 2019

What to Bring: LUNCH AND TRANSPORT PROVIDED

*** The cost of the trip is waived if your student has an approved Financial Assistance Waiver or qualifies for Free/Reduced Lunch program for the 2018-2019 school year.**

Medical Release

In the event of an emergency, in which medical treatment or hospitalization of my student may be necessary, I authorize certified school officials to give permission to any hospital or physician to perform the procedures that may be necessary for the emergency treatment of this minor child in the event that we are unable to be contacted or are unavailable for immediate telephone authorization. I am also aware and agree that I am solely responsible for payment of any medical treatment expenses for my student that is not covered by insurance.

Student Name: _____
(Please Print) Last First Middle Initial Date of Birth

Address: _____
Street City Home Phone Number

Mother: _____
(Please Print) Name Home Phone Work Phone Cell Phone

Father: _____
(Please Print) Name Home Phone Work Phone Cell Phone

Please note, if applicable, any medical concerns you may have regarding your student: _____

Waiver and Release of All Claims

Please read this form carefully before signing.

I recognize and acknowledge that there are certain risks of physical injury to participants in field trip activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against the Elmhurst School District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these activities.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.

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 this field trip. I have discussed this requirement with my student.

I _____ (Parent/Guardian), give permission for my student to participate in the Field Trip/Tour described above. I further agree that in the event on an emergency, I reaffirm the consent given in the Medical Release and Waiver and Release of All Claims Statement.

If your student is qualified for the Free/Reduced Lunch program for the 2018-2019 school year, would you like a sack lunch provided for this trip?

Yes _____ No _____ (If there is no response, a lunch will not be provided.)

Date: _____ Signature: _____
Parent or Guardian

Signed Original: To be filed with Principal prior to departure of trip

Confidential Copy: To accompany instructor on trip

Field Trip Procedures Form D