**7100 R-6 7100 R-6**

MASON PUBLIC SCHOOLS

OUT-OF-STATE/COUNTRY FIELD TRIP

PERMISSION FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Group Name) (Trip Destination)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Name) (Dates of Trip)

This permission form has been signed only after considering and understanding the matters described below. In signing this form, I acknowledge that this trip is part of the educational process and provides a learning experience of educational value.

Costs and Fees

I understand that this trip requires advance planning regarding arrangements for costs and fees. Accordingly, I agree to the following conditions associated with costs and fees for the trip.

1. Trip participants will be expected to earn or pay the full cost of their trip, and make any progress payments or deposits when and if required.

2. Incidental trip expenses, including expenses not included in the trip package, telephone charges incurred on the hotel telephone, are the responsibility of the individual student, therefore parents/guardians/students are encouraged to plan accordingly.

3. All costs and fees associated with the trip must be paid according to the payment schedule.

4. The student will be responsible to pay for any damage to property caused by the student.

5. If the student violates school and/or trip rules or regulations, he or she may be required to return prior to the expiration of the trip. The student/guardian agrees to bear any additional cost to return the student home. This removal decision will be made by the trip chaperons after a student has been provided the opportunity to respond to the allegations of misconduct. Upon return, the student may also be subjected to discipline for misconduct during the class trip in accordance with general school policies.

Liability/Insurance

IN CONSIDERATION FOR participation in this event by my student, the undersigned, as the parent or legal guardian of the above-named student, does hereby agree as follows:

* I understand that this is a school sponsored trip/event/activity in which students will individually be chaperoned by an employee and/or volunteer chaperone.
* I agree to allow my student to be transported to and from school, and school-related activities by methods including but not limited to school bus, or in automobiles that may be owned by the school, or by an employee, student or volunteer. I understand that automobiles owned by the school, its employees or volunteers or other methods of transportation are not school buses, and as such, are not in compliance with all current regulations for school buses. I feel that the additional risk of transporting my student in a car or other means, as opposed to a bus, is acceptable as it allows my student educational enrichment beyond the classroom environment.

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* I will not sue Mason Public Schools, its employees, administrators or board members, for any accident, injury or property damage arising directly or indirectly out of this trip/event/activity.
* By signing this **Trip Permission Form,** I acknowledge that I have voluntarily chosen to participate in, or allow the above-named student to participate in, this trip/event/activity.
* I also understand that I am responsible for providing medical or other liability insurance, if any, for this trip, for my student. Mason Public Schools is not responsible for liability insurance or coverage for this trip/event/activity.
* If I or my student is volunteering to provide transportation in my vehicle on his/her own, I hereby represent that I know of no defects to the vehicle that would jeopardize its occupants or fail to protect them by working as expected and further that I, my son/daughter, as applicable, am a driver of good experience with no points on my/his/her license. I further agree to defend and indemnify, with counsel of the School District’s choosing, the School District for any and all claims arising out of my or my son/daughter’s providing transportation herein.
* I, as parent or legal guardian, acknowledge my responsibility for legal liability imposed on me as a result of personal actions taken by me and/or my student during this trip/event/activity. I also release the School District from any accident, injury, or property damage that may occur as a result of my student’s participation during this trip/event/activity.
* I agree to defend and indemnify the School District, with counsel of the School District’s choosing, against any and all claims arising from, or which may arise from, my son/daughter/ward’s participation in this trip/event/activity, including but not limited to action brought by or on behalf of my son/daughter/ward. This Agreement shall survive the completion of the trip/event/activity and any statute of limitations.

I further understand that the Board of Education does not or may not carry any insurance relative to the trip or for student injuries. I understand that, as the parent/guardian of a field trip participant, I am responsible for all emergency or medical fees and/or costs incurred as a result of emergency circumstances.

I hereby give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to travel off school grounds by the method of transportation selected for this trip/event/activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

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Conditions for Student Participation

We, the student and parent/guardian recognize it is a privilege to participate in this field trip because this program is part of the educational process and experience. We understand that it is imperative for students to adhere to the following rules, as well as the applicable provisions of the school’s code of conduct as contained in the student handbook. Therefore, the student and the student’s parent/guardian agree that the student will at all times adhere to the Student Code of Conduct and all instructions of staff, chaperones and persons of designated authority:

1. Refrain at all times from the use or possession of tobacco, alcoholic beverages, illicit substances and illegal drugs (including “look-alikes”).

2. Provide a completed medication form (referencing both prescription and non-prescription medications) to the field trip supervisor prior to departure date.

3. Not enter a room assigned to the opposite sex, not permit students of the opposite sex to enter his/her room, not enter a room not designated for district use.

4. Be in bed, in my assigned room, at the designed lights out time and not leave my room after curfew.

5. Attend all mandatory meetings, activities and meal functions.

6. Conduct myself in such a manner as to bring pride to the student, the student’s family, the community and the school.

7. Adhere to any required dress codes.

8. Comply with the instructions from trip chaperons and all authorized adults.

9. Permit searches by authorized personnel of student luggage and hotel rooms.

10. Provide consent for the trip chaperon(s), pursuant to the attached power of attorney, to arrange for and/or consent to any necessary emergency medical procedures of treatment.

11. Complete and agree to the attached Permission Form.

Having read these conditions for the participation in this field trip, our signatures below indicate our agreement to abide by the established conditions stated above.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Student)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent/Guardian)

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Emergency Contact/Insurance Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact Other Than Parents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_

(YOU MUST SUBMIT A PHOTOCOPY OF BOTH SIDES OF YOUR INSURANCE CARD)

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-Authorization Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name Phone Fax**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Answering Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach any medicine authorization form.)**

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Heath History and

Medicine Authorization Form

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No school staff member may dispense or administer prescription medication of any kind without written authorization from both the student’s doctor and parent. A properly labeled prescription bottle will be accepted as written authorization. All medications must be in their original container.

**Please list any conditions below which you believe we need to know about.**

|  |  |
| --- | --- |
|  | PRESCRIPTION MEDICATION USED |
| CONDITION | YES | NO | NAME | FREQUENCY |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please explain any conditions indicated above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations or Injuries? \_\_\_\_ Yes \_\_\_\_ No. If yes, please list dates. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Could the student’s activity be restricted because of any physical condition present?

\_\_\_\_ Yes \_\_\_\_ No. If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies (food, medicine, bee stings) or special medical conditions of the student. Write “NONE” if none applies.

I authorize school staff to administer the medications listed above. Furthermore, I hereby give permission for school staff to administer non-prescription medication (Tylenol, cough lozenges, antacids, etc.), as deemed necessary. \_\_\_\_ Yes \_\_\_\_ No.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian Date

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MASON PUBLIC SCHOOLS

OUT-OF-STATE/COUNTRY FIELD TRIP

POWER OF ATTORNEY

State of Michigan )

 ) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_ )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned of

 (parent/guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City/Township of \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (student)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of Michigan, hereby make, constitute and appoint

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, our true and lawful Attorney in Fact for us and in

 (district’s representative)

our name, place and stead, giving unto said Attorney in Fact full power and consent: (1) necessary or emergency treatment; and/or (2) to any X-ray, examination, anesthetic, medical or surgical diagnosis

or treatment and hospital care, to be rendered to our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on the

 (student)

advice of any physician or surgeon licensed to practice in the jurisdiction in which our child is located.

This power ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

 State of Michigan

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Power of Attorney incorporates by reference all agreements of defense and indemnity set forth on the Permission Form relative to this trip/event/activity.

***Revised: 02/28/2011***