

# Easy Form First Permission Form

**OUT-OF-TOWN OR OVERNIGHT TRAVEL FIELD TRIP PERMISSION TO PARTICIPATE,  
RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT**



Student's Name \_\_\_\_\_ Trip Destination \_\_\_\_\_  
 Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

The undersigned parent/guardian of the above-named Rockwood student acknowledges that they are knowledgeable about and understand the details of the above-mentioned trip, including the places to be visited, the dates and times of departure and return, the purpose of the trip, the method of transportation, and the requirements imposed on students who participate. The undersigned certifies that they have received and read the "Out-of-Town or Overnight Travel Field Trip Booklet" (the "Booklet") provided by the district, including the Code of Conduct for students. The undersigned acknowledges that there are risks and dangers involved in the student taking the trip and that they nevertheless give their permission to the student going on the trip and they agree to assume the risks involved.

In exchange for the Rockwood School District sanctioning the trip and providing district-paid teachers, coaches or sponsors to accompany and supervise the student group, the undersigned hereby releases and forever discharges the Rockwood School District, as well as its directors, officers, administrators, employees and other agents from any and all claims, causes of action or suits arising out of or related to any personal injury, property damage or death sustained by the above-mentioned student while on said trip, whether or not such injury, damage or death was caused in whole or in part by the action, inaction, negligence or fault of the Rockwood School District, its directors, officers, administrators, employees or other agents, and agrees not to sue. The undersigned further agrees to indemnify and hold harmless the district, as well as its directors, officers, administrators, employees, and other agents against any claims asserted by or against my child as a result of or that occur during his or her participation in said trip.

The undersigned further agrees that the Rockwood School District representatives accompanying the student shall have the right to enforce rules of conduct and to impose disciplinary action in the event of the student's failure or refusal to obey said rules of conduct, including dismissal from the trip.

The Rockwood School District assumes no financial liability for trips. Parents assume all financial responsibility for trips, including those cancelled by the district and trips extended unexpectedly. In addition, parents assume all financial responsibility should they withdraw their child from the trip, or should their child be sent home from the trip by Rockwood representatives for any reason, including failure or refusal to obey the rules of conduct. The undersigned also acknowledges that any physician/hospital visits during the trip are the student's/parent's financial responsibility and not the responsibility of the district.

Parent/guardians may request the administration of prescription medication or over-the-counter medication pursuant to district policy, and as set forth in the Booklet. The undersigned agrees that neither the district, its directors, officers, administrators, employees, or other agents shall incur any liability as a result of any injury arising from the administration or self-administration of such medication, and the undersigned hereby acknowledges that no such liability shall exist, and on behalf of themselves and the student hereby waives any such liability. Furthermore, the undersigned hereby agrees to indemnify and hold the district, its directors, officers, administrators, employees, or other agents harmless against any claims whatsoever arising out of the administration or self-administration of the medication.

I have agreed to all provisions of this Agreement by signing on the date indicated below.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that the Rockwood School District will have no financial or legal responsibility for injuries arising out of my participation in this trip. I further acknowledge that I have a responsibility to comply with the specific rules and requirements established for this activity, as well as the requirements of the student Code of Conduct, and that failure to comply with such rules and requirements may result in discipline, including, but not limited to, possible dismissal from the trip. I further acknowledge that inappropriate conduct while participating in this activity may result in additional discipline under Board of Education Policy, as such policy applies to both in-school and out-of-school misconduct.

Student \_\_\_\_\_ Date \_\_\_\_\_  
 99475 - School - 11/20/08 - Student - PKK - Parent FORM 2001 REV 11/08

# Easy Form First Permission Form - information

**OUT-OF-TOWN OR OVERNIGHT TRAVEL FIELD TRIP PERMISSION TO PARTICIPATE,  
RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT**



Student's Name John Smith Trip Destination Band Camp-Truman State Univ  
 Departure Date July 20, 2008 Return Date July 25, 2008

# Easy Form First

## Permission Form - signatures

I have agreed to all provisions of this Agreement by signing on the date indicated below.

Jane Smith 15 May 2008  
Parent or Guardian Date

I acknowledge that the Rockwood School District will have no financial or legal responsibility for injuries arising out of my participation in this trip. I further acknowledge that I have a responsibility to comply with the specific rules and requirements established for this activity, as well as the requirements of the student Code of Conduct, and that failure to comply with such rules and requirements may result in discipline, including, but not limited to, possible dismissal from the trip. I further acknowledge that inappropriate conduct while participating in this activity may result in additional discipline under Board of Education Policy, as such policy applies to both in-school and out-of-school misconduct.

John Smith 15 May 2008  
Student Date  
WHITE - School YELLOW - Sponsor **PINK - Parent**

FORM 3061 REV 11/06

You keep the pink copy.

## Student Information Form

OUT-OF-TOWN OR OVERNIGHT TRAVEL FIELD TRIP AGREEMENT AND STUDENT INFORMATION FORM

Today's Date: \_\_\_\_\_

This is to certify that (parent) \_\_\_\_\_ has my permission to make the trip to \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ with \_\_\_\_\_ I have received and read the Out-of-Town or Overnight Travel Field Trip Booklet (the "Booklet"), and acknowledge that its requirements are incorporated herein.

**Health Information:** Check all that apply:  
 Asthma  Allergies  Diabetes  Wears Contacts  Arthritis  
 Migraines  Seizures  Nose Bleeds  Convulsions  Other \_\_\_\_\_

**Explain Checked Boxes and Identify Any Other Health Concerns:** \_\_\_\_\_

**Parent/Guardian:** Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_  
Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ Provider's Phone No: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Request for Administering Prescription Medications to Students:** (Medications must be in pharmacy container with prescription label properly affixed to the medicine in question.)

\_\_\_\_\_ I request that my child be allowed to take the prescription medicine \_\_\_\_\_ as prescribed by our physician while on the trip. I have read and complied with the requirements for doing so set forth in Part II of the Booklet.

\_\_\_\_\_ I request that my child be allowed to carry and use a self-administered metered dose inhaler containing rescue medication and/or an Epi-Pen as prescribed by our physician. I have read and complied with the requirements for doing so in Part II of the Booklet.

**Administration of Over-the-Counter (OTC) Medication:** OTC medications must be in original container and used according to physician's signed written directions which must be attached to this document. (Further explanation is contained in Part II of the Booklet.)

\_\_\_\_\_ I give permission for a Rockwood representative to administer \_\_\_\_\_ to my child according to the recommended dosage instructions.

\_\_\_\_\_ I give permission for my child to carry \_\_\_\_\_ and consume or apply the medication(s) as directed by our physician. (grades 5-12 only)

My child and I have read, understand and agree to abide by the requirements set forth in this Agreement, the Booklet and all other expectations and rules set forth by the Rockwood School District and its representatives, including those accompanying students on this trip. I have also received and executed the Out-of-Town or Overnight Travel Field Trip Permission to Participate, Release of Liability and Indemnity Agreement.

I further agree that in an emergency, any Rockwood representative may transport my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary.

Parent/Guardian Name (Print): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Student Name (Print): \_\_\_\_\_ Student Signature: \_\_\_\_\_

WHITE - School YELLOW - Sponsor PINK - Parent FORM 3062 REV 11/06

Attach current photo of your child to this document!

# Student Information Form information

---

## OUT-OF-TOWN OR OVERNIGHT TRAVEL FIELD TRIP AGREEMENT AND STUDENT INFORMATION FORM



Today's Date: 15 May 2008

**Band Camp-**

This is to certify that (print) John Smith has my permission to make the trip to Truman State Univ  
from (date) July 20, 2008 to (date) July 25, 2008 with Band. I have received and read the Out-of-Town  
or Overnight Travel Field Trip Booklet (the "Booklet"), and acknowledge that its requirements are incorporated herein.

# Student Information Form

## information

**Health Information:** Check all that apply:

Asthma     Allergies     Diabetes     Wears Contacts     Arthritis  
 Migraines     Seizures     Nose Bleeds     Convulsions     Other

**Explain Checked Boxes and Identify Any Other Health Concerns:** \_\_\_\_\_

**Parent/Guardian:** Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Insurance Provider                      Provider's Phone No.                      Policy Number

Insured's Name                      Employer                      Phone Number

# Student Information Form

## information

**Request for Administering Prescription Medications to Students:** (Medications must be in pharmacy container with prescription label properly affixed to the medicine in question.)

### LIST ALL PRESCRIPTION MEDICATIONS

JS I request that my child be allowed to take the prescription medicine, \_\_\_\_\_ as prescribed by our physician while on the trip. I have read and complied with the requirements for doing so set forth in Part III of the Booklet.

JS I request that my child be allowed to carry and use a self-administered metered dose inhaler containing rescue medication and/or an Epi-Pen as prescribed by our physician. I have read and complied with the requirements for doing so in Part III of the Booklet.

Initial ONLY if it applies to your child