

**Sand Creek High School Field Trip
Parental/Guardian Permission Slip**
(TOP SECTION TO DOTTED LINE to be COMPLETED by Teacher/Sponsor
prior to being sent to parents)

School HMS/RMCA Person in Charge _____ Today's Date _____
Group/Class/Club 8th Grade Students Date of Event 1/24/24
Destination of Off Campus Trip Sand Creek HS

School District 49 Transportation will will not be provided.

Date money/permission slip due to school X Cost of Field Trip (if applicable) \$ 0
(Parent/guardian to complete the remaining portion and return to school prior to date of event)

Contact Phone # of Parent Guardian: _____ () Home () Work () Cell

I, (print name) _____ am the custodial parent and/or legal guardian of:
(print name of student) _____

I give my permission for the student to participate in the scheduled field trip listed above.

*To be completed if School District 49 transportation is NOT being provided:

I, (print name) _____ am the custodial parent and/or legal guardian of:
(print name of student) _____

I understand that transportation for this trip will not be provided and I give my permission for the student to provide their own transportation to and from the trip destination and I release all liability from School District 49 and Sand Creek High School.

What about insurance?

I understand that the School District 49 is not responsible for insuring me or the student with regard to the student's participation in the activity or any fund raising event associated with the activity. I am responsible for obtaining any medical, accident, or other insurance that I may deem appropriate.

Is the School District responsible for damages or injuries that may occur during the activity?

By signing this form, on behalf of myself, the student, and our family and representatives, I release, indemnify, and hold harmless the School District 49 and its employees from and against all claims for damages or injuries involving the student which occur as a result of the student's own misconduct, the actions or omissions of third parties, or which relate to property which is not owned by the School District 49. I understand that for purposes of this form, the term "employees" includes the School District 49's directors, employees, servants, and volunteers.

I understand that the School District 49 and its employees may have certain legal protections and immunities from liability with respect to any property damage or personal injury that may occur during the activity or any fund raising event associated with the activity, and that the School District 49 and its employees have not waived these protections and immunities.

I acknowledge that I have read and understand this Permission Form. (Read carefully before signing)

Date

Signature of Custodial Parent or Legal Guardian

Address, City/State/Zip

Emergency Contact: Name & Phone

Work Phone

/ Home Phone

Sand Creek High School Health Insurance and Medical Information
(TOP SECTION TO DOTTED LINE to be COMPLETED by Teacher/Sponsor
prior to being sent to parents)

School HMS/PMCA Today's Date _____
Student's Name _____ Date of Event 1/24/24
Destination of Off Campus Trip Sand Creek HS COS, CO
City State Country (if applicable)

(Parent/guardian to complete the remaining portion and returned to school prior to date of event)

Name of Health Insurance Company _____

Policy # _____ Name of Insured (Subscriber) _____

Insurance company's policy for obtaining treatment outside of the area or state.

Does the insurance company require a certain form to be filled out in case of an emergency?
Yes _____ No _____ If yes, please provide the school with a copy of the form prior to departure.

Please attach a copy (Front & Back) of the subscriber identification card on the above policy to this form.

Custodial Parent/Legal Guardian Signature/ Date

MEDICAL INFORMATION

Name of Doctor _____ Phone (Day) _____

Address _____ Emergency Phone _____

List all medications the student will bring or be required to take while on the above trip and specific written instructions, from the physician, for administration of any medication. ANY MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.

List any allergies, medical conditions or other conditions regarding the student's health which the staff might need to know about.

Please understand that School District 49 personnel cannot, by law, administer or provide *any* medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you. District personnel will not provide medication of any kind. This includes non-prescription drugs such as Tylenol, cough syrup, antihistamines, antiseptics, etc. Please plan accordingly.

CONTINUED ON NEXT PAGE

Parent/Guardian Consent for Emergency Treatment

STUDENT'S NAME: _____ GRADE _____ AGE _____

PARENT'S OR GUARDIAN'S NAME: _____

ADDRESS: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

HOSPITAL PREFERENCE/REQUIREMENT BY INSURANCE: _____

EMERGENCY NUMBER IF NOT AT HOME/WORK/OR BY CELL: _____

Please list any significant health problems that might be critical to a physician evaluating your child in case of an emergency:

Please list any allergies to medications, etc.

Has student been prescribed an inhaler or epi-pen? ☐ YES ☐ NO

Is student presently taking medication? ☐ YES ☐ NO

If yes, what type? _____

Does student wear contact lenses? ☐ YES ☐ NO

Please list date of last tetanus shot: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give my consent for any of the named individuals listed below to contract emergency transportation, including, but not limited to, an ambulance for the above named in the event of an accident or injury if determined necessary by District or emergency medical personnel. Additionally, I hereby give permission to the physician, event sponsor, teacher, school representative, and other qualified medical providers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above during all periods of time in which the student is away from his/her legal residence as a member of the group participating in the event. I further agree to be financially responsible for any costs or liability for any and all medical treatment and emergency transportation (i.e. ambulances); even if my insurance does not cover the claim, and understand that any cost(s) will not be the responsibility of School District 49. I hereby waive on behalf of myself and the above named child any liability of School District 49, or any of its agents or employees, arising out of such medical treatment or costs associated with it. I certify that all the above information is correct.

Signature of parent or guardian: _____ Date: _____

Relationship to student: _____