

## PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPS

Teacher Name: Stevens School Name: Acworth ES

### General Information

Destination Site: Lassiter HS  
Date(s) of Trip: 1/16/2018 Departure Time: 9:00am Approximate Return Time: 12:15pm  
Donation Requested per Student: \$ 14.00 Method of Transportation: Bus  
Approximate Number of Participating: Students: 172 Adult Supervisors: 12  
Additional Teacher Comments: \_\_\_\_\_

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Company Providing Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Medical Information

Does the student need to take medication?  Yes  No If so, what medication? \_\_\_\_\_  
Special medical conditions: \_\_\_\_\_  
Allergies?  Yes  No If yes, please identify allergy:  Medication  Food  Stinging Insects  Other  
Please identify: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_

### Release

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): \_\_\_\_\_ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

I request that (Student's Name-PLEASE PRINT): \_\_\_\_\_ be allowed to participate in the field trip described above and specifically consent to his/her participation.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

\_\_\_\_\_  
Name of Parent/Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



