

Ball Chatham School District

STUDENT FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

(To be completed by parent, guardian or caregiver)

Please complete and return this form to the supervising teacher of the field trip/activity.

No student will be permitted to participate in this activity without this form on file.

Student's Name (print)	Date of Birth	School Year
------------------------	---------------	-------------

has my permission to participate in the following:

Activity: All Choir Events, Competitions and trips

Destination: various choir events

Method of Transportation: Bus, walking

Departure Date & Time: various

Return Date & Time: various

Departure Location: Glenwood High School

Return Location: Glenwood High School

This permission slip enables only school district approved adult drivers to transport students. Students are not allowed to be transported to choir events by other students.

MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of Illinois for injury, accident, illness or death occurring during or by reason of the field trip or excursion.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.

3. That we (I) are (am) solely financially responsible for any cost and/or indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatments and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.

4. To indemnify and hold harmless the Ball Chatham School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child in any activities covered by this permission slip.

5. Our (My) child has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

A special note to Parent/Guardian/Caregiver:

1. All medications taken by your child while participating in the activities covered by this permission slip must be prescribed by a physician and registered on this form.
2. All medications prescribed by a physician for your child must be kept and administered by District staff.
3. _____ Check here if your child has a special medical or physical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.

4. List any medication that your child must take while participating in the activities covered by this permission slip and for each medication listed provide the dosage and reason for the medication:

Name of medication Dosage Reasons(s)

5. My child is allergic to the following medications:

6. My child is allergic to the following foods, materials, etc.:
