

PARENTAL ASSUMPTION OF RESPONSIBILITY FOR STUDENTS ON TRIPS AWAY FROM HOME

Student Name _____

I am familiar with and approve the policies contained in the Evergreen High School Handbook and have read and agree to abide by the Travel Expectations contained in the EHS Band and Colorguard Handbook. It is my wish that my son/daughter be granted permission to go on school trips with the **EVERGREEN HIGH SCHOOL BAND** during the 2008/2009 school year. It is my understanding that trips will be fully chaperoned and that the student will adhere to all of the rules of the organization, Evergreen High School and the Evergreen School District, and be responsible to the school for all of his/her actions on the trip.

I understand that the school district does not purchase medical/dental/hospitalization insurance to cover injuries to or losses of life, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent of the guardian.

| | |
|---------------------|-----------------|
| | |
| (Insurance Company) | (Policy Number) |

I am aware misconduct may result in the student being returned home by transportation provided by, or paid for, by the parents or guardians.

In the event of illness or accident I authorize Evergreen High School designated personnel responsible for this trip to approve of Medical Emergency Care. The following medical information may be needed during an emergency.

| | |
|----------------|--------|
| Family Doctor: | Phone: |
|----------------|--------|

Allergies (food, medication, or environmental):

Special medical instructions:

Permission to take Tylenol type medication, if needed. Yes No

Medications (with purpose) student will need while on trip:

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Being fully aware of the risks, I hereby give consent for the student listed above to participate in the activity. I understand that my child will not be permitted to participate unless this form is completed, signed and returned to school.

| | |
|------------------------------|--------------------|
| Parent's Name (Please Print) | Parent's Signature |
|------------------------------|--------------------|

| | | |
|---------------------------------------|----------------|---------|
| In case of emergency, please contact: | | |
| (Name of emergency contact) | (Relationship) | (Phone) |

| | |
|--------------------|--------------------|
| Parent Home Phone: | Parent Work Phone: |
| Home address: | Date: |