

DAVIS SCHOOL DISTRICT EXTENDED TRAVEL REGISTRATION

Student's Full Name

Home Address

Birthdate

Parent or Guardian's Name

Contact Numbers

Name of Emergency Contact Person

Contact Numbers

School of attendance

Travel Destination

Traveling Group

Dates of Travel

Family Physician

Contact Numbers

Do you have any known allergies? NO YES If yes, please list: _____

Do you have a history of heart condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions? NO YES

If yes, please explain: _____

Are you currently taking medication? NO YES If yes, please list: _____

Do you have any physical restrictions? NO YES If yes, please explain: _____

Name of person responsible for student's medical bills

Relationship to student

Health Insurance Company

Address

Insurance Plan Number

Insurance Group Number

Insured I.D. Number

Informed Consent

This is an **informed consent form for minors**, which identifies risks of participating in a Davis School District course, program, or school-sponsored activity and a **consent form for parents/guardians**.

Injury may result from your participation in [course, program, or school-sponsored activity] _____ . **You are expected to familiarize yourself with what is required, rules of conduct for the course, program, or school-sponsored activity as well as Davis District and school policies. You are expected to follow proper operating procedures including safety procedures as outlined by instructor/advisor, plus any directions given by authorized District employees.**

I, [print name of student] _____ acknowledge that I have familiarized myself with [course, program, or school-sponsored activity] _____ and what is required, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by authorized school employees or adult volunteers.

Signature of Student

Date

The undersigned, the legal guardian of _____ (hereinafter "student") a student in Davis School District, in consideration of student's participation in the course, program, or school-sponsored activity listed above, do hereby acknowledge my student's consent and agree to his/her participation.

I recognize that participation in this Davis School District course, program, or school-sponsored activity may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that student is free from any known heart, respiratory or other health problems that could prevent student from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that student receives. Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I recognize that if my student violates conduct or eligibility rules or acts in a manner that is detrimental to the safety or well-being of others my student may be sent home at my expense.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover student's participation in the above stated Davis School District course, program, or school-sponsored activity.

Printed Name

Date

Signature of Parent or Legal Guardian