

**PARENTAL CONSENT AND STUDENT MEDICAL INFORMATION
FOR GISNY SCHOOL TRIPS**



Trip or Activity _____

Attached is an itinerary that includes the place or places to be visited, a schedule of activities, and the dates, times and places of departure and return.

Student Name _____ **Grade** _____

Date(s) of Trip _____

Name of Teacher(s) _____

Method of Transportation

Public Transportation Bus/contract vehicle *privately-owned vehicle

*When privately-owned vehicles are used for transporting students, the vehicle's owner's liability coverage is applicable to any accident on a primary basis.

If the class trip is to a destination outside of the USA, a notarized permission form is required.

Expectations and Instructions

We (I) understand the following is expected of the student:

- To follow instructions given by teachers/chaperones.
- Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
- Comply with all school policies and rules of conduct.

In the event any of the above requirements are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Medical Insurance Coverage

I represent that the student has insurance through:

Name of Insurance Carrier _____ Policy No. _____



Student Name _____

Emergency Contact Information

Parent/Legal Guardian Name _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

Medical Emergency Release

We/I give permission for the teacher/ chaperone _____

to take my son/daughter to a **hospital emergency room** for treatment,

if necessary, during this class trip.

Administration of Medication

___ Student has no medication(s) and / or needs no medical assistance during the school trip.

___ Student requires medication(s) during the school trip. Please complete attached form and return it to the school nurse.

We (I) have read the contract above and discussed it with my son or daughter. We (I) agree to pay for and arrange all travel if my child needs to be sent home early due to illness or for disciplinary reasons. We (I) understand that student violation of the contract will lead to disciplinary action according to school policy. We (I) agree to and have signed the permission slips provided for this trip by the German International School New York. We (I) understand that we (I) assume full or partial financial responsibility for my student's expenses. There is no guarantee of full or partial refund if my student withdraws from the trip, or if the trip is cancelled after monies have been paid.

Parent/Legal Guardian Signature _____ Date _____