

New Hanover County Schools
International Travel Permission Form and Liability Waiver

(For Use Only With NHCS Sanctioned Field Trips Involving International Travel. This Form May Not Be Used For Non-NHCS Sanctioned Student Trips. See NHCS Policy 7552)

You have agreed that the participating student will participate in NHCS Sanctioned Field Trips Involving International Travel. In consideration of your choice for the participating student to participate in this international travel you acknowledge and agree to the following:

- 1) You acknowledge and agree that New Hanover County Schools' will have an employee on the trip functioning as a travel coordinator, the participating student shall abide by all reasonable directives, rules and requests of the travel coordinator and travel agency during the trip, and that failure to do so may result in the student being sent home early from the trip and other disciplinary action by the NHCs.
- 2) You understand and agree that the participating student's participation in the group is completely voluntary.
- 3) Prior to the participating student's travel, you agree:
 - (a) To review the travel orientation packet and become familiar with and abide by all its contents including the NHCS International Field Trip Procedures;
 - (b) to the liability waivers at included in this document
 - (c) consult a medical practitioner to ensure that the participating student :
 - i. has no medical conditions that would prevent international travel;
 - ii. vaccinations and immunizations are up to date; and
 - (d) that the participating student is mentally and physically capable of engaging in activity overseas
 - (e) to provide the sponsoring school with all updated passport documentation
- 4) You agree that during the participating student's participation in the international travel the participating student shall:
 - (a) comply with all applicable laws and regulations, including but not limited to the law of any and all destinations, U.S. Immigration and Border Patrol (laws pertaining to immigration, customs, entry/exit of foreigners, taxes, and nondiscrimination);
 - (b) not engage in any unlawful or potentially dangerous activities;
 - (c) comply with all New Hanover County Schools policies and procedures and Policy 8410: Policies, Rules, and Procedures Relative to Student Discipline in NHCS as listed in the NHCS Policy Manual:
- 5) You understand and agree that New Hanover County Schools and its Board Members, employees and agents:
 - (a) have no responsibility for costs and expenses associated with the participating student's departing early from the designated itinerary or the participating student's removal from the list of participants due to nonpayment,
 - (b) to the fullest extent allowed by law, have no responsibility or liability to the participating student and his/her heirs, parents/guardians , in whole or in part, for:
 - i. any loss claim, liability or damages whatsoever by reason of weather, strikes, acts of God, war, quarantine, civil unrest, public health risks, terrorism, and criminal activity at the destination location and in transit to/from the destination point(s) (including, but not limited to, theft, vandalism, and fraud);
 - ii. any loss of the participating student's baggage and personal property, which you agree is transported and maintained at the participating student's own risk;
 - iii. have no responsibility for the participating student's failure to hold a valid passport, or the denial of a visa and/or entry/exit in the United States;
 - iv. have no responsibility for the participating student's personal costs associated with his/her child's presence in the United States and at the destination(s) (including but not limited to personal telephone costs and other costs that the travel agency has not agreed in writing to cover).
- 6) To the fullest extent allowed by law, you, individually, and on behalf of your heirs, successors, assigns, and personal representatives, hereby release and forever discharge New Hanover County Schools, its Board Members, agents,

employees and administration, and their respective successors and assigns, from and against all claims, demands, actions, liabilities, injuries, expenses, and damages (including but not limited to attorneys' fees and litigation costs, and direct, indirect, incidental, consequential, or special or exemplary damages) resulting from, arising out of, or related to, the participating student's participation in this group travel, or any related or independent travel or activities, whether or not caused by the actions or omissions of New Hanover County Schools or its agents or employees, including but not limited to property damage or theft, trip cancellation, terrorism, bodily injury, kidnapping, death, sickness, injury or disease.

7) To the fullest extent allowed by law, you, individually, and on behalf of your heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless New Hanover County Schools, its Board Members, agents and employees, and their respective successors and assigns, from and against third party claims, demands, actions, liabilities, injuries, expenses, and damages (including but not limited to attorneys' fees and litigation costs, and direct, indirect, incidental, consequential, or special or exemplary damages) resulting from, arising out of, or related to, the participating student's participation in this group travel, or any related or independent travel or activities..

8) You agree that this document is to be construed under the laws of North Carolina, without regard to its conflicts of laws provisions, and that if any portion hereof is held invalid, the balance hereof shall continue in full force and effect. In signing this document you hereby acknowledge that you have read this entire document, that you understand its terms, and that you are bound by its terms.

School Name: _____

NHCS Employee Travel Coordinator: _____

Mode(s) of transportation: _____

Shall depart from: _____ on (date): _____

Shall return to: _____ on (date): _____

You understand that the participating student shall be obliged to abide by the NHCS policies and procedures and by Policy 8410: Policies, Rules, and Procedures Relative to Student Discipline in NHCS while participating in this International Travel.

In the event of serious illness or injury to the participating student, you expressly consent to the administration of emergency medical care to the participating student if in the opinion of attending medical personnel, such action is advisable. Further, you authorize NHCS employees to act on behalf of and as parent of the participating student while participating in the above described trip.

If needed, you hereby authorize dispensation of medication by trained, non-nursing school personnel in an emergency and/or life threatening situation or as prescribed by the participating student's primary provider. You further understand that such trained staff must be present for the administration of medication during this trip. You acknowledge and agree that you have read this document and understand its terms. You acknowledge and agree that you sign it voluntarily and with full knowledge of its significance.

You acknowledge and agree that you have received, read and understand all of the insurance benefits and limitations associated with this international travel.

You acknowledge and agree that you have and read and understand the Policy 8410: Policies, Rules, and Procedures Relative to Student Discipline in NHCS. You understand and agree that if the participating student does not follow the Policy 8410, that at your expense the participating student may have to come home at an additional expense to you. You understand no NHCS staff member or chaperone will accompany the participating student home. You further understand and agree that if the participating student is a minor, the participating student's parent(s)/guardian(s) may have to incur additional expenses to come to the participating student and take him/her home.

You acknowledge and agree that you have received and reviewed a Coverage Brochure or similar document outlining the coverages and limitations of coverage for the travel insurance which will be obtained for the participating student for the trip, including cancellation and medical insurance.

You acknowledge and agree that the NHCS is not a guarantor of the safety of the participating student or his her personal property while on the trip and that the NHCS is under no obligation to obtain liability insurance to cover injuries, death or property damage associated with the trip. You also acknowledge and agree that there may be significant risks associated with international travel, including but not limited to, theft of property, airline, train and automobile crashes, boat/ferry sinkings, terrorism, kidnapping, criminal activity, civil unrest, sickness, injury, disease, lack of adequate legal and police protection, lack of adequate medical facilities and medicines and death, and you willingly assume all such risks.

As used in this document, the terms "you and your" refer to the Participating Student and the Parent/Guardian signing this document.

The terms "New Hanover County Schools" and "NHCS" as used in this document include the New Hanover County Board of Education.

Name of Participating Student (Please print) _____

Date _____

Age _____

Signature of Participating
Student _____

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian _____

Date _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Notice: Signed Parent Permission Form and Liability Waiver must be filed in the school office. A copy should be carried by the Travel Coordinator on the international trip.

**Student Information
and Medical Form**

Trip Information:

Destination of International-Travel: _____

Dates of Travel: _____ Travel Coordinator's Name: _____

Student Information:

Student's Name _____

Home Address _____

Parent/Guardian #1 Home Phone (____) _____ Cell Phone (____) _____ Work (____) _____

Parent/Guardian #2 Home Phone (____) _____ Cell Phone (____) _____ Work (____) _____

Health Insurance Provider: _____

Health Insurance Policy Number: _____

Primary Subscriber of Medical/Health Policy: _____

Student's Doctor: _____ Phone: (____) _____

Address: _____

Health History:

Please check any that apply and provide an explanation in the space below:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Faints Easily |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other |

Epi Pen: Yes ___ No ___ Date of Last Tetanus Shot: _____

Chronic Health Conditions and Significant Medical History: _____

Please return this form and medications in pharmacy labeled containers at least two weeks prior to your child's trip to: _____

Student Information and Medical Form

- All medications must be in original pharmacy labeled container with student’s name, dosage, route, and frequency of administration (include asthma inhalers, Epi Pens, and all regularly or occasionally taken medication)
- Provide only the amount of medication needed for the duration of the trip.

Please **complete the following chart with information of all medications** (prescription and non-prescription) that the student will need during the trip:

Medication	Dosage and Route to administer	Frequency or time to take medication	Reason to take medication	Potential side effects
Acetaminophen (Tylenol)	325- 650 mg orally	Every 4 hours as needed	Headache, pain, fever	
Ibuprofen (Advil, Motrin)	200- 400 mg orally	Every 6 hours	Headache, pain, fever	

Parent/Guardian Consent and Release

- You give permission for the participating student to receive the above listed medications. You agree to release, indemnify and hold harmless New Hanover County Schools and their Board Members, employees and agents from and against any claims you may have as a result of any act or omission which may arise out of this authorization.
- You further consent to urgent medical treatment by a health care provider in the event of illness or injury of the participating student during his/her participation in the trip. You accept full responsibility for all costs for any medical treatment for such student.
- You consent for the release of confidential medical information to and from medical providers, the faculty of the New Hanover County Schools, and the school trip/ activity/ program chaperones, as needed to maintain the participating student’s health and safety.

Parent/Guardian Signature: _____

Date _____

Participating Student’s Signature (if 18 or older)

Date: _____

Medical Portion Approved by School Nurse: _____

Date _____