

Flathead High School
Out-of-Country
Student/Parent Form



Student Name: _____

Parent Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Trip: _____

Dates of Trip: _____

District Chaperones:

Non District Chaperones:

Student's Personal Medical/Health Insurance Information:

The undersigned parent and student verify that personal health and medical insurance is in place for the undersigned student. Please provide the following information:

Insurance Company: _____

Policy Number: _____

Telephone Number: _____

Student's Trip Insurance Information:

The undersigned parent and student verify that trip insurance is in place for the undersigned student. Please provide the following information:

Insurance Company: _____

Policy Number: _____

Telephone Number: _____

We, the undersigned participant and the undersigned parent of the participant, acknowledge and agree to the following terms and conditions for the undersigned student's participation in the trip.

1. Acknowledgment and Consent

The undersigned parent and student understand the nature of the trip and the general travel plans. We understand that participation in this program is entirely voluntary. We understand that the above-mentioned district employees and non-district employees will be traveling with the group and acting as chaperones for the group.

2. Inherent Risk

The undersigned parent and student understand that this program entails travel to a foreign country, and that such travel entails certain inherent risks regardless of all feasible safety measures that may be taken by the district. The school district does not carry insurance coverage for acts of terrorism.

3. Trip Cancellation

The undersigned parent and student understand that the trip may be cancelled at any time in the planning process, including the date of departure, if district officials deem safety or other concerns outweigh the need to travel. Forfeiture of deposits or loss of other expenses prepaid by the student are the undersigned parent and student's responsibility. The parent also has the right to withdraw the student from the trip at anytime for any reason. Any losses incurred due to trip cancellation are incurred by the parent and student.

4. Release and Indemnification

The undersigned parent and student indemnifies and holds the School District and its' employees harmless from responsibility for any and all losses, damages, or injuries resulting from the actions of any foreign government, or of any company, organization or agency providing transportation, schedules, lodging, food, or activities of any kind in connection with this program. The undersigned further releases the District from responsibility for any losses, damages, or injuries to the undersigned student that arise out of, during or in connection with the student's participation in the program and related activities that are not the result of fraud, willful injury to person or property, or violation of law, whether willful or negligent, of an employee of the School District.

5. Conduct Rules

All school rules apply, regardless of the laws in the foreign country or state. This includes the school rules on alcohol, illegal drugs, and tobacco. The undersigned parent and student agrees to the terms governing this program, including appropriate standards of conduct, and agree that the undersigned student will follow the terms and standards for the program and the directives of the chaperones. The chaperones will enforce rules of conduct and the terms of the program. Failure of the undersigned student to follow the rules of conduct and terms of the program or the directives of the chaperones at any time may result in the student's immediate termination from the program. In such event, the chaperones are authorized to arrange transportation back to the United States at the undersigned parent's expense. In addition, students are not allowed to drive a vehicle under any circumstances.

6. Student Responsibility

The undersigned parent and student understand that the chaperones are not responsible for the undersigned student’s well-being during times that the student may be absent from the group during independent travel or travel the undersigned student may elect to do with relatives, friends, or other group members outside the travel plans of the trip, or at any other time that the student may be on his or her own. It is the student’s responsibility to stay with the group and to keep the chaperones advised at any time the student leaves the group. It is also the student’s responsibility to inform the school official/chaperone when they feel ill or if something unpleasant happens.

7. Needed Accommodations

If the student is disabled or requires any special accommodations, please describe. This would include medical issues such as asthma, seizures, and allergies. It is the parent and student’s responsibility to make sure adequate supplies and appropriate medications are with the student on the trip.

8. Medical Procedure Consent

If any emergency medical procedures or treatment are required during the trip, the undersigned parent and student agree to the trip chaperone(s) taking, arranging for, and consenting to the procedures or treatment. Decisions will be made using the chaperones’ discretion. The undersigned parent will pay the costs of any such medical procedures. It is the student’s responsibility to understand how their personal health provider will respond in a foreign country.

We, the undersigned participant and the undersigned parent of the participant, acknowledge, understand, and agree to the terms and conditions for the undersigned student’s participation in the trip.

Name of Student Participant: _____

Signature of Student Participant: _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____