

**School-Related Student Trip Permission Slip, Medical Release Form,
Transportation Waiver Form**

Student's Name _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School _____	Grade _____	Homeroom/Classroom _____
<input type="checkbox"/> All school-related trips for the _____ school year; OR		
<input type="checkbox"/> Field Trip Date(s) _____ Destination _____		
Alternate Destination, if applicable _____		
Mode of Transportation _____		Cost to Student, if applicable \$ _____

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Please return this form to your child's teacher.

**School-Related Student Trip Permission Slip, Medical Release Form,
Transportation Waiver Form**

WAIVER AND RELEASE RE: NON-SCHOOL DISTRICT TRANSPORTATION FOR SCHOOL TRIPS

I am the parent/guardian of _____ who has qualified to
Name of Student
go on the following school-sponsored or student-endorsed trip:

Insert description of school trip activity

I understand that the District will make transportation available to the above listed Student in district-owned vehicles or by Board approved certificated common carriers in connection with this trip or activity. Even though I have been informed and understand that the District will provide such transportation, I decline the use of such transportation for the Student and waive any privilege or right the Student may have to use such transportation in connection with the above listed trip. I further expressly represent and agree that the transportation of the Student in connection with the above listed trip or activity will be provided by a person other than a Student enrolled in the Spencer County School District who is over the age of twenty-one (21). I expressly represent that I qualify as such a person and intend to transport the Student by private vehicle or give my permission for _____

Name of adult (21 yrs. or over) or "N/A" if parent/guardian is transporting.
to transport the Student by private vehicle.

I understand and agree, individually and on behalf of the Student, that the Board of Education of Spencer County, Kentucky, its officers, agents, and employees, assume no liability, responsibility and will not otherwise be held accountable for either the means or safety of the transportation authorized by me for transporting the Student in connection with the above school trip or activity. By signing this form, I am specifically exercising my right and prerogative as a parent/guardian to transport or consent to the transport of the Student by private means in a non-school vehicle to the destination(s) called for by the school trip or activity even though I understand District transportation is available. I further agree to indemnify, hold harmless and release from liability the Board of Education of Spencer County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school transportation which I specifically authorize by signing below.

Signature of parent/guardian Parent/Guardian of _____
Name of student

Signature of Witness

Date Received Signature of Principal/designee

(TO BE KEPT ON FILE FOR ONE {1} YEAR FROM DATE OF RECEIPT)

Review/Revised:5/24/2004