

**Columbia School District No. 93**  
**Permission and Release Form**  
**Category I Travel**

**SCHOOL:** \_\_\_\_\_

**PURPOSE OF TRAVEL/DESCRIPTION OF FIELD TRIP (to be filled in by school/trip sponsor):**

**PARENT/GUARDIAN INFORMATION**

This information will be shared only with Columbia Public Schools (CPS) personnel, consulting and treating medical personnel and emergency personnel and/or other individuals working with CPS.

Scholar Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ (Estimated) Weight \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Family E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Relationship to Scholar \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Is it ok to text this phone? Y/N

Email (if different from above) \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Relationship to Scholar \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Is it ok to text this phone? Y/N

Email (if different from above) \_\_\_\_\_

In the event of an emergency, if the parent/legal guardian cannot be reached, who should be called?

Name \_\_\_\_\_ Relationship to Scholar \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Is it ok to text this phone? Y/N

Name \_\_\_\_\_ Relationship to Scholar \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Is it ok to text this phone? Y/N

**TRAVEL CONSENT**

**I hereby give my scholar, \_\_\_\_\_, student number (lunch number) \_\_\_\_\_, permission to participate in the travel activities. I will notify my school of my scholar's excused absence if the school trip takes place during the regular school year.**

\_\_\_\_\_

**(PARENT/GUARDIAN SIGNATURE)**

\_\_\_\_\_

**(DATE)**

**MEDICAL CONSENT**

**INSURANCE:** Each participant is responsible for their own medical expenses. **Medical insurance is recommended but not required.**

Medical Insurance Company Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Policy Number \_\_\_\_\_

Scholar's Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Scholar's Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I authorize CPS staff, contractors, volunteers or other medical personnel, when they deem necessary using their judgment and sole discretion, if parent/guardian cannot be reached, to obtain or provide medical care for my scholar, to transport my scholar to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) considered necessary for my scholar's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by CPS) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents/guardians: except to the extent limited by this form, my scholar has permission to participate in all CPS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

I, \_\_\_\_\_,

**(NAME OF PARENT/GUARDIAN)**

**(RELATIONSHIP TO SCHOLAR)**

of \_\_\_\_\_,

**(NAME OF SCHOLAR)**

## **SCHOLAR CONDUCT PRACTICES AND PROCEDURES**

1. There shall be no defacing of public property. Any damages to any property must be paid for by the individual or group responsible.
2. Scholars shall keep their adult advisors always informed of their activities and whereabouts.
3. Scholars should be prompt and prepared for all activities.
4. No alcoholic beverages or narcotics in any form shall be possessed by scholars at any time, under any circumstances.
5. No smoking or vaping will be permitted.
6. No scholar shall leave designated areas (except for authorized activities) unless permission has been received from the adult advisor or chaperone.
7. Scholars are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
8. Scholars should be always carrying or wearing appropriate identification.
9. Appropriate dress is expected.
10. Scholars will use technology in an appropriate and respectful manner.
11. Scholars shall not engage in any lewd, indecent, sexual, or obscene act or expression.
12. Scholars shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

I approve of the scholar named in this document to attend and travel to trip-related activities. I realize that violation of any rules can result in the immediate return of the scholar, at family's/guardian's expense, to their home community. It is the responsibility of the parent/guardian to meet the scholar at the airport, bus terminal, etc., should it be necessary to send the scholar home.

I have explained and discussed the Scholar Conduct Practices and Procedures with my child.

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**(PARENT/GUARDIAN SIGNATURE )**

**(DATE)**

**ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY**

My scholar and I assume any risk that may arise from my scholar’s transportation to, participation in and transportation from the above-described trip. I accept full responsibility for any and all medical expenses for any injuries or illness that occur to my scholar as a result of my scholar’s transportation to, participation in, and transportation from the above-described trip.

By signing this form, we hereby release the Columbia School District No. 93, its Board, its Board members, administrators, directors, officers, teachers, agents, employees, assigns, and volunteers (the “Released Parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of or in any way related to any personal or property loss, damage, illness, injury, including death, caused to my scholar through my scholar’s transportation to, participation in, and transportation from the above-described field trip (the “Released Claims”).

We also agree to indemnify and hold harmless the Released Parties from the Released Claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

We understand that we have the ability to refuse to sign this form.

We confirm that we have carefully read this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the scholar identified in this Form.

This ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY has been read and is understood by us.

**We have signed this ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND RELEASE OF LIABILITY this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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**(PARENT/GUARDIAN SIGNATURE )** **(DATE)**