

Superintendent Regulation 4400-R Exhibit 2

PARENTAL PERMISSION, MEDICAL CONSENT AND RELEASE FORM

TRIP INFORMATION

Trip Date(s) _____ Trip Supervisor: _____
Destination: _____ Departure Site: _____
Departure Date and Time: _____ Return Date and Time: _____
Return Site: _____
Among other activities, this trip may include the following physical or sports activities _____

Clothing/Equipment Expected for this Trip: _____

STUDENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Birth Date: _____ Birthplace: _____
Gender: [] Male [] Female Student Cell Phone Number: _____

PARENT OR GUARDIAN INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: () _____ Work Telephone: () _____
Cell Telephone: () _____ Email Address: _____
Emergency Contact _____ Relationship _____ Phone Number: _____

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MEDICAL CONSENT

This form must be provided to the school nurse at least 7 days before the school field trip

Student Name	Date of Birth
Street Address with Zip Code	Doctor's Name
Home Telephone	Doctor's Telephone Number
Insurance Carrier's Name	Insurance Identification Number

1. Health History - please check whether your child has a history of any of the following:

YES	NO		YES	NO	
_____	_____	Asthma or Breathing Problems	_____	_____	Ear infection
_____	_____	Bee/insect sting reactions	_____	_____	Heart Condition
_____	_____	Ear infection	_____	_____	Bones or Joints Conditions Allergies
_____	_____	Heart Condition	_____	_____	Diabetes
_____	_____	Seizure Disorder/Convulsions			
_____	_____	Allergies (specify) _____			
_____	_____	Special Diet (specify) _____			
_____	_____	Stomach upsets specify) _____			
		Other (specify) _____			

2. Are there any medical restrictions or limitations to your child's physical activities?

If so, please explain in detail _____

3. Please list any medication your child must take during his/her participation in this trip. Be specific about times and dosage. If a student is identified as self-administration by the nurse which enables the student to administer their own medication, the responsibility for taking the medication belongs to the student and shall not be assumed by the chaperones of the trip. If a student is identified as a non-self administration by the nurse which, means the student is unable to administer their own medication the parent must provide a designee.

Medication	Dosage	Purpose	Time(s)

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities except as noted above. In the event that I cannot be reached in an emergency, I authorize the school and/or its agents to authorize the treatment recommended by the health care provider available to render treatment. This authorization shall also extend to and include hospitalization for first aid where/when necessary. I understand that I will be responsible for the cost of all medical treatment render in connection with the trip.

Parent/Guardian Signature

Date

For School Nurse Use Only

Students Ability to Administer Medication _____ Self-administration _____ Non-Self administration
Medical/Emergency Care Plan _____ Yes (if so please provide plan) _____ No

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DOMESTIC RELEASE FORM

I _____, the parent/guardian of _____ (student's name) hereby give my permission for my child to take part in the school trip described below: _____ and agree to the following conditions:

- a) I understand that there are potential risks associated with this trip and I consent to my child's participation in all trip activities.
- b) I acknowledge that I have accurately filled out the Medical Consent information provided to me.
- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
- d) I understand that my child is expected to behave responsibly and to follow the school's code of conduct. I agree and understand that I am responsible for the actions of my child.
- e) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.
- f) The program organizers and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss, or damage resulting therein. In the event of any illness, accident, or incapacity incurred by my child, the group chaperone may consider my child's best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.
- g) I give my permission for my child to participate in this school trip.

I, the undersigned, assume(s) all risk of injury or harm to the Child associated with participation in the activity and agree(s) to releases, indemnify, defend and forever discharge the Rochester City School District and its staff, employees, board members, agents and volunteers (collectively the "Organizer") of any and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect to death, injury, loss or damage to the Child or by the Child, howsoever caused, arising from the Child's participation in the above mentioned activity.

I certify that I have read and I understand this release and agree to abide by its provisions.

Student Signature

Date

I certify that I am the parent or legal guardian of the student named above and that I have read the foregoing release. I agree to every part of this release and hereby relinquish any claim that I may have against the RCSD, RCSD's staff, employees, board members, agents and volunteers (collectively the "organizer") both on my behalf and in my capacity as legal representative, while my child is a participant in this activity.

Parent/Guardian Signature

Date

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INTERNATIONAL WAIVER AND RELEASE FORM

_____ (Insert name of Trip)

I _____ am the parent/guardian of _____. I hereby request the Rochester City School District to permit _____ to participate in the _____, sponsored, in part, by the Rochester City School District.

It is impossible to eliminate all risk involved in international travel. For example, there are risks associated with air travel, local transportation systems, political unrest, and many other factors that are outside of the control of the Rochester City School District. The risks can range in severity from minor to serious and could include even death. I, the undersigned, acknowledge that I have read and understand any travel advisory issued by the United States Department of State and give permission for my son/daughter to travel to _____ with the _____. I agree to release the Rochester City School District from any and all claims that may have, arising out of my son/daughters participation in the this trip.

- a) I understand that there are potential risks associated with this trip and I consent to my child's participation in all trip activities.
- b) I acknowledge that I have accurately filled out the Medical Consent information provided to me.
- c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my child's behalf and at my expense in obtaining medical treatment for my child.
- d) I understand that my child is expected to behave responsibly and to follow the school's Code of Conduct. I agree and understand that I am responsible for the actions of my child.
- e) I understand that I am responsible for getting my child to and from the departure and return sites. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination, and from the destination to the return site.
- f) The program organizers and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss, or damage resulting therein. In the event of any illness, accident, or incapacity incurred by me, the group chaperone may consider my best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.
- g) I give my permission for my child to participate in this international trip.

Specifically, I hereby release, and agree to defend, indemnify and hold harmless, the Rochester City School District, its agents, representatives, employees, its Board, and all successors and assignors (collectively, the "Released Parties"), from and against any and all claims, demands, actions and causes of action, obligations, losses, damages, costs or expenses (including attorney's fees), known or unknown, contingent or otherwise, and whether specifically mentioned or not, which may arise, in whole or in part, directly or indirectly, out of participation in this international trip.

I have been provided the opportunity to review and consider this Waiver and Release Form prior to executing the same. I acknowledge that my decision to sign this Waiver and Release Form was voluntary and that I understand its meaning.

I hereby represent and warrant that I have full authority to grant this Waiver and Release to the Rochester City School District.

Signature of Parent or Guardian

Date

Subscribed and sworn to before me
this _____ day of _____, 20 .

Notary Public

Signature of Student

Date

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