

**Greater Albany Public School District 8J
Overnight Student Travel Permission Form**

Student Name: _____
Grade: _____ Home Phone: _____
Address: _____ City: _____ State: _____
Parent(s)/Guardian(s) Name(s): _____ Phone Number(s): _____
Name and Location of Activity: _____ Date: _____
Description of Activity: _____

I understand that participation in this Activity is not required. The Activity is voluntary and will expose my child/student (Student) to risks of injuries. I understand that participation in the Activity, involves a certain element of risk. I understand that any transportation during and participation in the Activity could expose Student to risks of injuries. Some of these hazards and risks are foreseeable, but some are unforeseeable. Examples of risks include, but are not limited to, physical injury, emotional injury, property damage, economic loss, noneconomic loss, and deprivation of rights, privileges, and immunities. Some of these hazards and risks cannot be eliminated due to the nature of the activities. **I understand that these risks could cause harm to Student, his/her property, and other persons.** Your student will be supervised by teachers, employees and volunteers. **Your student may face more risks by participating in this activity than if your student stayed at school or home.** We cannot enumerate every risk, but believe that parent(s)/guardian(s) are generally familiar with potential risks related to activities such as this and are in the best position to decide whether or not their student should participate.

The School District has approved this activity; however, we cannot and do not guarantee that there will be no injuries or damages as a result of this activity. By signing this form, you agree that your student may participate in the activity. **Both you and your student voluntarily agree to waive and discharge any and all claims against Greater Albany Public School District, and release it from liability for any loss regardless of cause.** This includes claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law for yourself, and your Student, our estates, our heirs, our administrators, our executors, our assignees, and our successors. You also agree to defend, indemnify and **Hold Harmless** the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability for any loss, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to you, your student, or to our property, or losses of any kind which may result from or in connection with your student's participation in the Activity, up to and including injuries stemming from the negligent actions of the District or its employees or agents. **I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of Student.**

I agree and my student agrees to abide by all rules and safety precautions relating to this field trip activity. I agree to accept responsibility for any negligent, willful, or intentional act of my child.

In the event that your student may require emergency medical treatment while participating in the Activity, you authorize the School District and its employees to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness and you will provide for the payment of these costs.

If you have any questions regarding this activity, please contact your child's teacher or school.

Signature of Parent/Guardian: _____ Date: _____
Signature of Student: _____ Date: _____

Emergency Medical Treatment Authorization

Student Name: _____

Parent/Guardian phone number: Work: _____ Home: _____ Other: _____

Has your student's medical information changed since registration?

Yes, please see below Medical Information. I will contact the office of the school to update this information. I understand this will not change the records with the school office.

No, my student's medical information has not changed since registration of this school year. I do not need to fill out the Medical Information of this form.

Medical Information:

Known allergies (drug or natural): _____

Special medication being taken: _____

History of serious medical conditions _____

Any physical restrictions: _____

Family Doctor: _____

Insurance Company Name: _____ Policy #: _____