# STUDENTS 09.36 AP.211

School-Related Student Trip Permission Slip and Medical Release Form

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| **Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ Homeroom/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **🞏 All school-related trips for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year; OR**  **🞏 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.**

# STUDENTS 09.36 AP.211

# (Continued)

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

Waiver and Release Re: Non-School District Transportation for School Trips

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am either: (please indicate by checking below)

* I am the above-named student, and I am an adult; or
* I am the parent/guardian of the above-named student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Christian 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Print name of adult (21 yrs. or over) or “N/A” if parent/guardian or adult student 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 Christian 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 Christian 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian or adult student Name of student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness (must be District employee) Form of ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received Signature of Principal/designee

(To Be Kept On File Until Student’s 21st Birthday)

Review/Revised:10/24/2013