

Instruction

Exhibit: Parent Acknowledgment and Consent Form for School-Sponsored Trips

Niles Township High School District 219, Skokie, Illinois
ACKNOWLEDGMENT AND CONSENT FORM FOR SCHOOL-SPONSORED TRIPS

I. Completed by field trip sponsor:

Trip is: Inside field trip X Outside field trip Overnight activity trip

Course/activity: Academic Bowl Sponsor(s): John Kretsos, Tom Chung

Trip destination/purpose: Compete in Academic Bowl Tournament

Per student costs: transportation 0 + field trip fees: 0 = total student cost: 0

Date(s) of trip: WED FEB 5TH @ Highland Park High School Periods missed: N/A
Transportation: Bus Departure time from school: 3:30pm Return/Arrival time to school: 6:30pm

II. Completed by student:

Students are responsible for obtaining teachers signatures before the trip. The signatures indicate that the teachers are aware of the absence. Students are responsible for making up all course work missed during the absence, and for arranging such make-up with the teacher. Teachers will note in the comments section if the student is in danger of failing and should attend this class instead of the field trip.

Periods	Course	Teacher Signature	Work Missed	Comments

The rules and regulations regarding this trip have been explained to me and I understand that any violation of these rules may affect my eligibility to participate in further trips sponsored by District 219. I understand that electronic recording in places and in activities that a person has a reasonable expectation of privacy, including but not limited to bathrooms, locker rooms, changing rooms, hotel rooms and bedrooms, is strictly prohibited. I further understand that all rules in the Student Handbook apply to me during this trip.

I also understand that I am responsible for making up all school work missed as a result of this trip, and that I am responsible for arranging for such make-up work with all my teachers.

Student name: ID #:

Student signature Date:

III. Completed by parent/guardian: [complete one form per student]

Student name: _____ ID #: _____
Parent/Guardian: _____
Address _____
Home phone: _____ Work phone: _____ Cell phone: _____

EMERGENCY INFORMATION: Other phone numbers where parent/guardian or friend of family may be reached in case of emergency: _____
Health insurance carrier: _____ Policy number: _____

I give permission for my student to bring the over-the-counter medication I have listed below. I understand all medication(s) must be in their original over-the-counter packaging. Other than medications listed below, students may not take other medications on the trip for any reason. Students may only bring prescription medications for which they have a Medical Authorization Form (7:270-E1) on file in the Health Center and which are contained in their original pharmaceutical packaging. I give my permission for my son/daughter to purchase over-the-counter medications should they be necessary due to sudden illness during the trip.

Illnesses/Physical Conditions: _____
Allergies/Special Diets: _____
Medications: _____
Further information: _____

I hereby give permission for my son/daughter listed above to participate in the above-described trip. By signing this Agreement and Form, I/we do hereby release, discharge and waive any and all rights of actions, in law or equity, for claims or damages arising from any cause whatsoever against any person sponsoring or accompanying or chaperoning the above listed trip, and acknowledge that I have read and accept the Student Trips Liability Understanding in the Student Handbook. All field trips are appropriately chaperoned, with recognition of the scope of freedom and maturity provided to those students in attendance. In the event that a violation of the rules of conduct (in the Student Handbook and in any handouts from the trip sponsor) requires that the above-name student be returned home, I will accept full responsibility for his/her/their transportation and other necessary arrangements. District 219 shall not be responsible for arrangements other than the student's safe conveyance to a point of departure. In the event of a disciplinary infraction or other misbehavior by the student, the parent/guardian(s) accepts responsibility for all transportation and other finances involved in the safe return of the student.

My signature below constitutes and is evidence of my agreement (1) to accept general liability for the participation of the above-named student in this trip; (2) to hold harmless District 219 and release District 219 and all of its employees and agents from all liability arising from the above-named student's participation in this trip; (3) to provide transportation to and from the Niles Township High School if the trip is beyond the normally scheduled bus routes for District 219 students; and (4) to recognize that parent(s)/guardian(s) are responsible for the academic priority of participation by weighing their son's/daughter's academic progress in all curricular areas and the impact of lost class time that cannot be replicated through notes and missed homework.

I understand that occasionally District 219 uses third party suppliers (e.g., travel agencies/tour companies) and that if it is deemed necessary to cancel the trip that the third party's cancellation policy will apply.

I have read this Agreement and Form and agree to abide by the provisions contained therein. Further, I have read the rules and regulations regarding this trip and understand that any violation of these rules and regulations may affect my child's eligibility to participate in future trips sponsored by District 219. I further understand that all rules in the Student Handbook apply to my student during this trip. As the undersigned parent/guardian, I give permission for emergency treatment to be administered to the above-named student.

Parent Name _____

Parent Signature _____ Date: _____

PLEASE RETURN COMPLETED FORM TO SUPERVISOR OF THE TRIP

Admin. Review: September 14, 2017