

Required Student Travel Permission Forms

To enrich our curriculum and provide an enhanced educational experience beyond the classroom setting, we have scheduled a trip to the destination listed below. Students are required to have advance written permission to attend. Please complete the following steps to confirm whether your student will be allowed to participate.

- ☐ Step 1: Review the trip information and travel rules and procedures.
- ☐ Step 2: Complete the Student Information section in full.
- ☐ Step 3: Complete the Parent/Guardian Signature section in full.
- ☐ Step 4: Complete the Medical Release form in full.
- ☐ **Step 5: Return your completed forms by**

Trip Information	
Destination	
Departure Date/Time/Location	
Return Date/Time/Location	
Food/M meal Details	
Travel Coordinator Name/Title	
Coordinator Contact Info Cell Phone/Email	

Travel Rules and Procedures

Participating students must be at the departure location by the listed departure time. Students are required to travel together in the designated district bus and/or van(s) under the supervision of campus staff and the travel coordinator. This applies to both travel to and travel from the destination. Only Jubilee staff members are permitted to ride with students. The ratio of students to staff members shall not exceed 10 students to 1 staff member.

Students will be picked up, upon their return, at the listed time and location. However, competitive events (such as SkillsUSA) may vary in duration depending on the number of competitors. In such cases, it is difficult to predict the exact return time. The travel coordinator will communicate any schedule changes. Please ensure you list the cell phone number in which you wish to receive information on the next page.

During the trip, students are not typically allowed to leave early with a parent or other non-Jubilee staff members. However, a parent or guardian may be able to arrange an early pick-up if a staff member is available to escort the student. Under no circumstances will any student be left unsupervised during the trip. If an early pick-up is possible, the student will only be allowed to leave with a person listed as the parent/guardian and/or emergency contact on this form. A photo ID must be provided and the parent/guardian must sign out the student.

Required Student Travel Permission Forms

Student Information

Full Name	
Parent/Guardian Name/Cell Phone	
Emergency Contact Name/Phone	
Medical Considerations	

Additional Permission Requests

As part of this trip, students may have the opportunity to enjoy the hotel pool, supervised by their advisor, during their stay. To ensure the safety and well-being of all participants, we kindly ask that you select one of the following options:

☐ I give permission for my student to swim in the hotel pool. Jubilee Academies is not responsible for accidents.

☐ I do NOT give permission for my student to swim in the hotel pool.

Parent/Guardian Signature

Full Name	
Signature	
Date	

Required Student Travel Permission Forms

Participation Permissions

I give permission for my student to participate in this field trip.

As such:

✓ I agree to abide by the travel rules and procedures.

✓ I authorize my student's teacher, an adult in whose care the minor child has been entrusted during the field trip, to do any acts which may be necessary or proper to provide for the health care of the minor child, including but not limited to: (1) provide for health care at any hospital or other institution and employ any physician, dentist, nurse, or other person whose services may be needed for such health care; and (2) consent to and authorize any health care, including administration of anesthesia, X-ray examination, and performance of life-sustaining procedures. This consent shall be effective only during the field trip described herein. By signing below, I indicate that I have the understanding and capacity to communicate health-care decisions; that I am fully informed as to the contents of this document; and that I understand the full import of this grant of powers to the agent named herein.

✓ I agree to accept responsibility for and to pay any fees or charges for emergency care authorized by the teacher, administrator, or other school staff member in an emergency.

✓ I further agree to indemnify and hold harmless the faculty sponsor, volunteer chaperone, Jubilee Academies (including its agents, employees, and representatives) from and against any and all claims, suits, or causes of action which I or my child may have or claim to have for any injuries arising from, out of, during, or in connection with my student's participation in the field trip or the rendering of emergency medical care or treatment, except for injuries caused by gross negligence or intentional wrongdoing.

Additionally, I acknowledge both my student and I understand:

✓ Each student is responsible for their own belongings, including but not limited to electronics and money, and should **not bring any prohibited substances on this trip (including but not limited to vapes).**

✓ I fully understand the route of this trip, including the immigration and U.S. Customs checkpoint in Sarita, TX, (from Brownsville, TX to Corpus Christi, TX) and the means of transportation and lodging for students and chaperones.

✓ The same rules of student conduct that apply to the behavior of students in school apply to the behavior of students while on a field trip.

✓ Students are expected to follow all directions and instructions given by the teachers and other chaperones on the trip.

✓ Failure to follow the rules of behavior, directions, or instructions may result in being sent home by the most reasonable and appropriate means of transportation, at the family's personal expense.

Parent/Guardian Signature

Full Name	
Signature	
Date	

Required Student Travel Permission Forms

Student Travel Medical Release Form

Student's Name: _____

Street Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Cell Phone Number: _____

Alternate Phone Number: _____

If unable to reach parent/guardian, please notify:

Name: _____

Relationship to Student: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Medical Insurance Information

Provider: _____

ID #: _____

Group #: _____

Phone #: _____

Student Travel Medical Release Form

Student's General Health Information

1. Does your child take medication? YES or NO

To comply with state law, any student requiring medication or treatment to be administered during the field trip must have a medication consent form on file in the school. Forms are available in the school office.

2. Does your child have any allergies? YES or NO If yes, please list _____

Does your child require medication to treat severe allergic reactions to insect stings/bites, food, etc?

YES or NO

3. Does your child have asthma? YES or NO

4. Is there any health history that may assist the person in charge if this student should become ill?

Student's Physician: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Authorization to Treat/Administer Medication: I hereby authorize medical or surgical treatment for

_____ if any emergency should arise. I give permission for

decisions to be made by the teacher in charge and/or Jubilee Academies representative.

NOTE: Your signature on this form acknowledges your acceptance of financial responsibility for any medical or dental care your child requires.

Signature of Parent/Guardian

Date

Required Release/Waiver of Liability

I understand and acknowledge that my student's participation in the field trip organized by Jubilee Academies involves certain risks and hazards. I hereby agree to release and discharge Jubilee Academies, its employees, agents, volunteers, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my student during the course of the field trip or as a result of their participation.

I understand that Jubilee Academies will take reasonable precautions to ensure my student's safety during the field trip, including overnight stays, but I acknowledge that accidents and unforeseen events may occur despite these precautions. I assume all risks associated with my student's participation, including but not limited to transportation to and from the destination, student activities, and lodging arrangements.

I certify that my student is physically and mentally capable of participating in the field trip and have disclosed any relevant medical conditions or allergies to the trip organizers. My student agrees to comply with all instructions and guidelines provided by Jubilee Academies staff and chaperones during the trip.

I have knowledge of the destination and route to where my child will be traveling to, including the means of transportation, and understand that Jubilee is not liable for any unforeseen events or injuries.

I understand that this waiver of liability is binding upon myself, my heirs, executors, and administrators and that it is intended to be as broad and inclusive as permitted by law. If any portion of this waiver is held invalid, the remaining provisions shall continue in full force and effect.

I have carefully read and voluntarily signed this waiver of liability form, and I acknowledge that I understand its contents and implications.

Student's Full Name _____

Parent/Guardian's Full Name _____

Parent/Guardian's Signature _____

Date _____