

SAiL Permission Slips

Which permission slip does my session need?

If all 12 contact hours of your session are happening during the regular school day on the Falmouth school campus, you need to collect the first three forms (listed below) from each student participant.

- **FALMOUTH HIGH SCHOOL SAiL FIELD TRIP PERMISSION FORM (I)**
- **SAiL SESSION HEALTH EMERGENCY PERMISSION FORM (II)** with the **SAiL SESSION RULES/EXPECTATIONS** section
- **SAiL Activity Liability Waiver & Release (III)**

All other sessions need to complete all four forms (listed below) from each student participant.

- **FALMOUTH HIGH SCHOOL SAiL FIELD TRIP PERMISSION FORM (I)**
- **SAiL SESSION HEALTH EMERGENCY PERMISSION FORM (II)** with the **SAiL SESSION RULES/EXPECTATIONS** section
- **SAiL Activity Liability Waiver & Release (III)**
- **OFF-SITE SAiL PERMISSION SLIP (IV)**

Directions for Session leaders

1. **PRINT** these permission slips as they appear here. **DO not add or change anything.**
2. **Fill in the gray boxes by hand.** (This way information specific to the session will stand out for parents/guardians.)
3. Have your **staff advisor(s) approve** them, and
4. **Make photocopies** of the completed forms to hand out to your session participants at our first SAiL planning meeting during AFT on 4/28.

The 4 SAiL permission slips begin on the next page



FALMOUTH HIGH SCHOOL SAIL FIELD TRIP PERMISSION FORM (I)

| | |
|------------------------|--|
| SAiL Session Name: | |
| Staff Advisor Name(s): | |
| Dates of Session: | |
| Location of Session: | |

If Applicable

| | |
|---|--|
| Leaving FHS at (time): | |
| Returning to FHS (time): | |
| Participation Fee: (Scholarships available upon request) | \$ _____ (make checks payable to Falmouth High School) |

| | | | |
|---|-------------------------------------|--|--|
| Transportation via: (check all that apply) | <input type="checkbox"/> School Bus | <input type="checkbox"/> Chaperone Vehicle(s) | <input type="checkbox"/> Student-Driven Vehicle(s) |
|---|-------------------------------------|--|--|

| | |
|---|--|
| Please list any medical conditions/concerns of which we should be aware, i.e. bee sting allergies, asthma seizures, etc. | |
| Please list ALL medications the student must take with him/her on the trip. Medication must be packaged in original packaging. No exceptions. | |

I, _____, give my permission for my child _____ to participate in the SAIL session described above. I am familiar with the SAiL session itinerary and have provided all the necessary health information relevant for this activity.

Parent Name (Print) _____ Parent Cell Phone _____

| | |
|----------------------|--|
| Parent Signature: | <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="float: right; text-align: right;">Date: _____</div> |
|----------------------|--|

SAiL SESSION HEALTH EMERGENCY PERMISSION FORM (II)

I, _____, give _____ permission to seek medical
Parent Name Staff Advisor Name(s)
assistance for my son/daughter, _____ if deemed necessary by chaperones during
Student Name
the Falmouth High School SAiL session _____. I will assume any medical costs.
SAiL Session Name

Parent/Guardian Signature Date Cell Phone: _____

Other adult to contact _____
if parent/guardian Name Relationship to Student
is not available

Home phone: _____ Cell phone: _____

SAiL SESSION RULES/EXPECTATIONS

Please read the rules that will apply during this SAiL session. It is mandatory to return this form.

1. All rules of Falmouth High School apply during the entire SAiL session, i.e., from departure to return to school, regardless of the student's age. These rules include, but are not limited to, respecting others, and refraining from the use of tobacco, the drinking of intoxicating beverages, and the illicit use of drugs.
2. Students who infringe rules of Falmouth High School or who are insubordinate to chaperones will face consequences deemed appropriate by the chaperones and school administrators. Such consequences include, but are not limited to phone calls to parents, school suspension, and expulsion from school.
3. Students recognize that this SAiL session is a group activity with educational purposes and agree to act accordingly. Students are expected to participate in all group activities.

By signing below, I acknowledge that I have read and agree to the foregoing rules for this SAiL Session.

Parent/Guardian Signature Student Signature Date

SAiL Activity Liability Waiver & Release (III)

Student's Name (print) _____

Parent/Guardian Name (print) _____

Parent/Guardian Contact Number(s) _____

I understand that my child will be subject to the same standards of conduct off-site as they are when in school.

I understand that the school may not carry insurance relative to the program or for injuries to the student during the program, and I further represent that the student has insurance coverage through my own insurance provider or through the district's student insurance program (parent paid).

I also understand if any emergency medical procedures or treatment are required during the program, I consent to the transportation to, arranging for, or the procedures of treatment according to the discretion of the supervisor(s) of the activity.

I release and waive all claims against the Falmouth Public Schools, its board, the individual members thereof, all employees, representatives, and all agents thereof, from and against any claim which I, any other parent or guardian, any sibling, student or other person may claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries' arising out of, during or in connection with my child's participation in the school-sponsored program or the rendering of medical procedures or treatment for any injuries sustained during the program.

Having fully acquainted myself with the rules and guidelines, I and my parents or legal guardians, have completed this event waiver and release application and submit it for my participation in SAIL activities. In signing this application, and by my/our presence at the event, I/we hereby agree to be bound and comply with all event rules and safety regulations. I/we expressly assume all risks associated with the events and I/we hereby release The Falmouth Public Schools, its board, the individual members thereof, all employees, representatives, and all agents thereof from all claims of death, injury and/or property damage incurred in connection with any of the events that I attend.

Student's Signature _____

As the parent and legal guardian of the above named student, I fully understand and hereby agree to the Rules, Terms and Conditions and the Waiver and Release of Liability contained in this document. I give my permission for the above named student to participate in SAiL activities.

Parent/Guardian Signature _____

Date _____

OFF-SITE SAiL PERMISSION SLIP (IV)

| | |
|--|--|
| SAiL Session Name: | |
| Student Leader(s) & Staff Advisor Name(s): | |
| Session Location(s): | |
| Session Date(s) | |

We understand that this SAiL session will involve the following activities (Staff Advisor check all that apply):

- ☐ Transportation via properly licensed FHS student drivers in private vehicles
- ☐ Transportation via properly licensed FHS staff and/or parent drivers in private vehicles
- ☐ Transportation via school bus
- ☐ Drop off and pick up at a location other than FHS
- ☐ Water-based activities (in and/or on the water)
- ☐ Hiking / climbing
- ☐ Biking
- ☐ Working with tools
- ☐ Other: _____

Student's Signature _____

Date _____

I acknowledge and I give permission for _____ to
Student Name
participate in the SAiL session described above.

Check all that apply:

- ☐ I give permission for my child to drive themselves if/when needed.
- ☐ I give permission for my child to transport other students if/when needed.
- ☐ I do not give permission for my child to transport other students.

Parent/Guardian Signature _____

Date _____