ACADEMY (Circle or put X by your Academy)

● Business	● Health	● Freshman	● CAPA (AUBURN ONLY)
● Production	● Service		● GIFTED (AUBURN ONLY)

(Please return this form)
ROCKFORD PUBLIC SCHOOLS
High School (_____ SY)
Annual Field Trip Permission, Medical Release, and Liability Waiver and Release Form

STUDENT'S NAME _____ GRADE _____

ADDRESS _____ PHONE NUMBER _____

PARENT/GUARDIAN NAMES _____

STUDENT LIVES WITH _____

CONTACT PHONE NUMBER DURING FIELD TRIP HOURS _____

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN _____

EMERGENCY CONTACT PHONE NUMBER _____

EMERGENCY CONTACT RELATIONSHIP TO STUDENT _____

MEDICAL INSURANCE CO _____ POLICY NUMBER _____

NAME OF PHYSICIAN _____ PHONE NUMBER _____

PLEASE LIST ANY CURRENT MEDICATIONS AND/OR HEALTH ISSUES: _____

_____

If your student takes medication during the school day, please be sure to consult with the School Nurse at least one week prior to the field trip to make accommodations for administration of medicine.

I give permission for the above-named student to attend and participate in ANY FIELD TRIP undertaken by my student's high school within the following parameters:

- The trip has permission of Rockford Public Schools administration; and
- It is NOT an out of state or overnight field trip (there will be specific forms for these events).

Common trips include, but are not limited to: Academy Expo, site visits to businesses, job shadow experiences in a business, visit to a community college, attend a college fair.

TRANSPORTATION WILL BE PROVIDED BY SCHOOL BUS OR DESIGNATED DISTRICT SANCTIONED VEHICLE (SUCH AS A VAN). **I UNDERSTAND THAT THE ROCKFORD PUBLIC SCHOOLS STUDENT CODE OF CONDUCT WILL BE IN EFFECT AND ENFORCED DURING THE TRIP.**

COST OF TRIP: Varies. You will be notified if funds are required.

< TURN OVER TO NEXT PAGE >

ROCKFORD PUBLIC SCHOOLS

If a trip is canceled due to unforeseen events, we will first try to reschedule. If the trip cannot be rescheduled, your trip money will be refunded.

I authorize my student to participate in field trips as listed above during the entire school year. Information about each trip will be sent home from your student's high school prior to each trip. If at that time you wish to opt out from the field trip, you will have the opportunity to do so.

I authorize any employee or representative of the Rockford Public Schools Board of Education to obtain the services of and/or advice from available physician or other medical personnel for my child in case of illness or injury, including any necessary transportation for emergency care. I hereby agree to assume ALL responsibilities for costs related to such medical care.

My signature indicates consent for my child's image to be included in websites, pictures, or videotapes made for or used by Rockford School District # 205. These pictures/videotapes may be used in the production of life television shows, films, videotape recordings, still pictures, slide presentation, or other media productions for District # 205 broadcast, cablecast, or webcast for promotional purposes, excluding advertising. I acknowledge that I understand that District # 205 may assign the right of use of these media productions to other not-for-profit entities. As parent/guardian, I expressly waive claims for damages, costs, fees or remuneration in any form for such use. I also hold harmless District # 205, its employees, agents, or board members for any harm caused by the use of my child's work or image in broadcasts, cablecasts, or webcasts.

If applicable to my student's course of study, I give my consent for my student to participate in school-based and/or off site career and technical education activities. Such participation may include, but is not limited to, hands-on activities that align with industrial occupation programs, culinary programs, or medical programs involving power tools, knives, needles, heavy equipment, and other potentially hazardous materials and/or equipment.

I forever release, indemnify and hold harmless the Board of Education of Rockford Public Schools, District #205, Boone-Winnebago Counties (the "District"), and each of its employees, representatives, agents, successors and assigns (collectively, the "Released Parties") from and against any and all liability for any and all past, present and future claims, causes of action, demands, rights, damages (both compensatory and punitive) of whatever kind or nature whatsoever (including but not limited to any and all claims based on personal tort, contract or any other theory of recovery) which I or anyone claiming through or under me, now has or which may hereafter accrue, on account of or in any way arising out of any and all known and unknown, foreseen and unforeseen personal injuries or other damages of whatever kind resulting from Parent and/or Student's participation in voluntary District programs. I acknowledge that, for the purposes of this Liability Waiver, the voluntary District programs include, but are not limited to, any activities offered as a part of coursework aligned to the District's Academies program.

I acknowledge that this Liability Waiver inures to the benefit of the Released Parties, and shall be in full force and binding upon me and my heirs, agents, representatives, executors, successors and assigns.

In the event that any court finds any provision of this document unenforceable, I expressly agree that all remaining provisions of this document will not be rendered void and will remain in full force and effect.

ROCKFORD PUBLIC SCHOOLS

THIS IS A GENERAL RELEASE. READ CAREFULLY BEFORE SIGNING.

PARENT OR LEGAL GUARDIAN SIGNATURE _____Date_____