



NORTH HILLS HIGH SCHOOL
WILLIAMSBURG, VA
APRIL 28-MAY 1, 2016

INDIVIDUAL PASSENGER CONTACT INFORMATION FORM

Please print and complete this form and return it to your group tour leader.

NAME: _____ AGE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TEL: _____ WORK TEL: _____

CITIZENSHIP: USA OTHER: _____

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NAME OF RELATIVE OR FRIEND NOT TRAVELING WITH YOU:

AREA CODE AND TELEPHONE:

EMAIL:

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NOTICE AND CONTRACT OF RELEASE AND ASSUMPTION OF RISK

Classic Travel And Tours LLC/Artistic Ambassadors acts as an agent for suppliers in selling travel and/or arranging services that are not directly supplied by Classic Travel And Tours LLC/Artistic Ambassadors. Classic Travel And Tours LLC/Artistic Ambassadors shall not be responsible for breach of contract, errors or omissions on the part of suppliers. This agency will not be responsible for injuries, damages, or losses that result from criminal acts, terrorism, strikes, mechanical or construction failures, weather, local laws or health conditions and/or any abnormal situations outside of Classic Travel And Tours LLC/Artistic Ambassadors' control. It is the traveler's responsibility to assume the risks of travel and for passport, vaccination, visa, and entry requirements. Optional travel insurance is available and is recommended. As consideration of and as part of the payment for the right to participate in this tour, I agree to hold Classic Travel And Tours LLC/Artistic Ambassadors harmless and to release it from liability as well as its agents, employees, officers, directors, and affiliated companies or subcontractors for any and all actions, debts, suits, claims, and demands of any kind in connection with my participation in this tour either now or in the future. This agreement serves as a release and assumption of risk for myself, my family, and my heirs. I have read and understand this notice and contract.

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS SIGNED CONTRACT BY FRIDAY, NOVEMBER 13, 2015.



North Hills School District

Overnight Student Field Trip Form



Student's Name: _____

Field Trip Dates: **April 28-May 1, 2016**

Field Trip Title: **Music Department Tour to Williamsburg, Virginia**

This activity will take place away from your child's school; there are some special considerations and procedures which apply. We have outlined these below:

Your child's participation in this special activity is voluntary. Your written consent at the bottom of this form is necessary for your child to participate.

Participation in activities away from school may potentially involve risks and responsibilities for you and your child that are beyond the scope of those normally associated with traditional school functions under our supervision. These may include, for example, personal injury or damage to personal property. We encourage you to inquire in advance concerning the nature and details of each field trip and of any potential risks which will be assumed through participation. By signing below, you acknowledge that you have made yourself aware of any potential risk associated with the field trip and that you voluntarily and knowingly assume all such risk.

NHSD is not liable for injuries or any damages your child may incur. All NHSD school board policies apply while on the field trip. If your child fails to abide by District rules of conduct and teacher/sponsor/coach instructions during the trip, it may become necessary to discontinue his/her participation in the activity. In that case, you may be responsible for picking up your child immediately.

I hereby give my permission for my student to attend the above referenced field trip. I hereby release and hold harmless the NHSD, its Directors, Board Members, officers, agents, employees, teachers and authorized volunteers from any and all liability, liens, claims, demands, actions or cases of action, whatsoever arising from my student's participation in the above reference field trip.

Parent/Guardian Signature _____ Date _____

Medical Emergency/Consent for Overnight Field Trip

I, _____, being the parent or legal guardian of _____, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I confirm to the North Hills School District that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

My student has the following medical condition(s), which may require emergency care (include allergies):

Insurance information/group number/plan/phone number:

Parent/Guardian Signature _____ Date _____

Emergency Contacts for Overnight Field Trip

Mother/Guardian _____ Work # _____ Home # _____

Father/Guardian _____ Work # _____ Home # _____

Mother/Guardian Cell # _____ Father/Guardian Cell # _____

**North Hills School District
Overnight Student Trip
Medication Form**

Dear Parent/Guardian:

Your child is participating in _____ on _____.
In order for your student to self-administer prescription medicine during the trip, or over the counter medication during this trip, this completed form and medication must be returned by the parent to the sponsor/coach.

- ☐ I am requesting medical personnel accompany my student on the trip due to medical need.
- ☐ My student is under the care of a physician for prescription medication but I am not requesting medical personnel accompany my student on the trip due to medical need .
- ☐ My student is not under the care of a physician for prescription medication.

All prescription medication must be in the **ORIGINAL, PHARMACEUTICAL** container. OTC medications must be in their original container. NO medication will be accepted in any other containers or without THIS signed form. NO hand written notes will be accepted. **Only the amount of medication needed for the length of time the student will be away from school, should be sent.**

The sponsor/coach will keep all medication in a sealed container. When student needs to take the medication, he/she will self-medicate under the supervision of the sponsor/coach.

LICENSED HEALTHCARE PROVIDER STATEMENT

I am the licensed healthcare provider/physician for _____ and have
Student

prescribed the following medication(s): _____
in the amount/dosage and time of administration as prescribed.

- ☐ The student is qualified and able to self-administer the prescribed medication.
 - ☐ The student is qualified and able to self-administer over the counter headache or pain medication.
 - ☐ The student has demonstrated proper knowledge and responsibility for taking the medication as prescribed.
 - ☐ The following side effects may occur: _____
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Physician/Licensed Healthcare Provider Date

I give my consent for the medication prescribed by the physician to be self-administered by my child during the noted field trip. I release the North Hills School District and its personnel from any liability associated with the administration of this medication. I understand and agree that any medical information may be shared with appropriate school and medical personnel.

Parent/Guardian Signature Date _____ -