North Hills School District
Overnight Student Field Trip Form

Student's Name: _____

Field Trip Dates: May 19-21, 2017

Field Trip Title: Choir Music Performance Tour to Ohio

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 #_____