

**TOWNSHIP HIGH SCHOOL DISTRICT NO. 113
DEERFIELD HIGH SCHOOL
HIGHLAND PARK HIGH SCHOOL**

**PARENTAL PERMISSION TO PARTICIPATE in
SCHOOL ACTIVITY/DAY FIELD TRIP and
WAIVER OF LIABILITY**

Students have many opportunities to participate in various school-sponsored extracurricular activities and day field trips as an extension of classroom instruction or special interest clubs. When a student and their family chooses to participate in one of these activities, the District 113 Board of Education cannot assume responsibility for the safety and welfare of students while they are off campus beyond making reasonable provision for their supervision by representatives of the School District designated to supervise the activity.

Your signature below constitutes and is evidence of (1) your consent to permit your student to participate in the school activity/field trip described below; (2) your acknowledgement that there are certain risks of injury, allergic reaction, property damage, loss, or other harm that may arise from your student's participation in such school activity/field trip; (3) your agreement to accept general liability for the participation of your student in the school activity; and (4) your agreement to waive, release, indemnify and hold harmless the District 113 Board of Education, its members, officers, administrators, employees, agents, volunteers, and insurers, from and against any and all claims and liability, including but not limited to costs, expenses, and attorneys' fees, by reason of injury, allergic reaction, loss, or other harm, arising out of, in connection with, or in any manner related to your student's participation in the school activity as described below.

IN LOCO PARENTIS: By signing below, you also give District personnel, volunteer medical personnel, and trip chaperones permission and authority for, and on your behalf to authorize any licensed medical practitioner to render medical aid and treatment to your student, should your student require medical attention.

My student, _____, has permission to participate in the following school activity/field trip under the terms and conditions listed above, which include my consent for the medical aid/treatment of my student if required:

[Field trip title, location, and date(s)]

[Name of parent/guardian]

[Signature of parent/guardian]

[Name of student]

[Signature of student (if 18 years or older)]

[Date]

(Continued on back)

!!! Do not use this form if this is an EXTENDED or INTERNATIONAL trip !!!

**Complete the following medical information for:
DAY FIELD TRIPS AND EXTRA-CURRICULAR ACTIVITIES**

Medication routinely taken and required for this trip:

Known allergies:

Does the student carry: Emergency Epinephrine ___ YES ___ NO
 Asthma Inhaler ___ YES ___ NO
 Diabetes Medication ___ YES ___ NO

Any other relevant medical information: _____

Parent/guardian contact information:

(Parent/guardian name)

(Parent/guardian name)

(Phone)

(Phone)

Emergency Contact – Person to contact if unable to reach parent or guardian:

(Emergency contact's name)

(Emergency contact's phone)

There may be times when a student is deemed ineligible to participate due to academic or attendance concerns. Prior to the date, parents/guardians will be notified, and the student will be expected to remain at school and follow a regular school schedule on the trip day. Alternate assignments will be provided so as not to incur loss of credit in the course for which the field trip is designed.

THIS IS A SCHOOL SPONSORED EVENT AND ALL SCHOOL RULES WILL BE ENFORCED. IF THERE IS ANY UNAUTHORIZED USE OF DRUGS, ANY USE OF ALCOHOLIC BEVERAGES, OR OTHER VIOLATIONS OF SCHOOL RULES, PARENTS/GUARDIANS WILL BE NOTIFIED AND CONSEQUENCES IMPLEMENTED BY THE HIGH SCHOOL DEAN OF STUDENTS, SCHOOL AUTHORITIES, OR LOCAL AUTHORITIES, AS APPROPRIATE.