

Credits Count 2018 Summer STEM Enrichment Program
FIELD TRIP PERMISSION FORM AND RELEASE

*This form **must** be completed by the parent/guardian of each student prior to the participation in a school field trip and must be **signed by the parent/guardian and by the student**. This permission / release form is for **all field trips taken as part of the 2018 Credits Count Summer STEM Enrichment Program**. If you would like more specific information about any of the trips, please contact Kristi Phillippe, kphillippe@marion.k12.in.us.*

STUDENT NAME: _____ **GRADE ('18-'19 school year):** _____

PERMISSION: I/We the parent(s)/guardian(s) of the student named above, on my/our own behalf and on behalf of my/our child, in full recognition and appreciation of the dangers and hazards inherent this field trip, do hereby give my/our consent for his/her participation in this trip.

RELEASE: In consideration of the provision by Marion Community Schools of the transportation and means by which this trip is undertaken, I/we hereby release and discharge the Marion Community Schools, its officers, agents, employees and the sponsors/chaperones of this trip from and against any and all claims or causes of actions on account of damage of property, or for personal injury or death which may result from the student's participation in this field trip or transportation during this field trip, except and unless such damage, injury or death is caused by the gross, willful, or wanton negligence of the released parties, or by their intentional misconduct.

AUTHORITY TO ACT FOR THE DELIVERY OF EMERGENCY MEDICAL CARE: Should I/we be unavailable or otherwise unable to provide direct authorization, I/we hereby grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of the emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child and to do all other necessary things as I might or could do to provide for the child's health, safety, as if I were present.

CURRENT EMERGENCY INFORMATION

Address: _____
(street address) (city) (ZIP)

Home phone number: _____ **Date of birth:** _____

Mother's work or emergency phone number: _____

Father's work or emergency phone number: _____

Doctor preferred: _____
(name) (phone number)

Dentist preferred: _____
(name) (phone number)

Allergies and/or current medical treatments: _____

Optional:

Medical insurance company: _____ **I.D. No.:** _____

AGREEMENT TO ABIDE BY RULES AND REGULATIONS: I/we parent(s)/guardian(s) expect my/our child to abide by all rules and regulations set forth by the sponsors and chaperones of this group. I, the undersigned student do hereby agree to abide by all rules and regulations set forth by the sponsors and chaperones of this group.

(parent/guardian signature) (date) (student signature) (date)