

**Saginaw Township Community Schools
PARENT PERMISSION FORM FOR PARTICIPATION
IN SCHOOL SPONSORED ACTIVITY**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from _____ School. A brief description of the activity follows:

Name of Event: _____
Event Description: _____
Destination: _____
Date/Time/Place of Departure: _____
Date/Time/Place of Return: _____
Method of Transportation: (i.e. school bus; charter bus; private automobile, including name of volunteer driver and type of vehicle; walking to location) _____
Student Cost: _____
Items Students Should Bring: _____
School Employee Providing Supervision: _____

If you would like your child to participate in this event, please complete, sign, and return this entire statement of consent and release of liability in the first box below by (date) _____ to (school employee) _____. As parent or legal guardian, you remain fully responsible for any legal liability which may result from any personal actions taken by the named student. If you do not want your child to participate, please complete and sign in the second box below.

Principal Signature Date

<p>I hereby consent to participation by my child, _____, in the event described above. For and in consideration of Saginaw Township Community Schools (STCS) permitting me to participate voluntarily in a STCS program, I hereby expressly assume all the risks associated with the above named activity and I release, waive, indemnify and hold harmless STCS, its owner, and their respective officers, directors, employees, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my family, heirs, executors, administrators, or assigns may have, or claim to have against STCS, and their officers, directors, employees, or agents, arising out of or in any way connected with the STCS program, for all personal injuries, known or unknown, property damages (including theft), or claims for wrongful death, caused by the acts, omissions or negligence of STCS and their officers, directors, employees, or agents.</p> <p>I understand that this event will take place away from the school grounds and that my child will be under the guidance of the school employee providing supervision. Activity supervision will be provided pursuant to the operation of the attended event facility. I further consent to the conditions stated above on participation in this event, including the method of transportation. If the event requires volunteer drivers and my child is under 8 years of age <u>and</u> less than 4 foot 9 inches tall, I understand I am responsible for providing appropriate seating for my child to participate in this event.</p> <p>I sign this instrument voluntarily, and with full knowledge and understanding of the rights I hereby waive and release. If any provision hereof is invalid or unenforceable, the other provisions shall remain in full force and effect.</p> <p style="text-align: center;">_____ Parent/Legal Guardian Name (Print Name)</p> <p style="text-align: center;">_____ Parent/Legal Guardian Signature Date</p>

<p>I hereby request that my child, _____, be excused from participating in the event described above for the following reason(s):</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">_____ Parent/Legal Guardian Name (Print Name)</p> <p style="text-align: center;">_____ Parent/Legal Guardian Signature Date</p>

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THE FOLLOWING IS TO BE USED ONLY WHEN NECESSARY (i.e. for overnight field trips, skiing, skating, etc.):

MEDICAL INFORMATION

STUDENT NAME _____ AGE _____ GRADE _____

STUDENT CELL PHONE NUMBER _____

EMERGENCY CONTACT PERSON _____

DAY PHONE _____ EVENING PHONE _____

FAMILY DOCTOR _____

INSURANCE COMPANY _____ POLICY # _____

LIST ANY CURRENTLY PRESCRIBED MEDICATION: _____

HEALTH HISTORY (circle all that apply):

Asthma
Cardiac Problems
Diabetes
Epilepsy
Orthopedic Problems
Other (specify) _____

ALLERGIES (circle all that apply):

Aspirin
Insect Stings
Penicillin
Sulfa
Tetracycline
Other (specify) _____

Has your child had a tetanus shot current to within six years? (circle) Yes No

AUTHORIZATION TO TREAT MINOR

In the event that I, or other parent/legal guardian, cannot be reached in an emergency, I hereby give permission to the school staff to secure proper treatment for my child. I do hereby consent in advance to such emergency care, including hospital care, as considered necessary under the then existing circumstances.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgements above, and agree to permit representatives of the school to authorize treatment on my behalf during the date/time range of this school sponsored activity. I understand that any expenses incurred would be my responsibility.

Parent/Legal Guardian (Print Name)

Parent/Legal Guardian Signature

Date

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Additional sample language to be used in the Event Description section of the permission form for field trips which include extra activities:

1. If you have a trip where students have multiple activities to choose from while on the trip, list the activities the students can choose from and include the following statement: THIS ACTIVITY IS VOLUNTARY AND THE STUDENTS WILL BE PARTICIPATING AT THEIR OWN RISK.

2. If special equipment is being used on a trip, mention what equipment will be used and whether or not it will be rented or if students' own equipment will be used. Also include the following statement: XXXXX equipment used will be operated within the guidelines of (the destination). THIS ACTIVITY IS VOLUNTARY AND THE STUDENTS WILL BE PARTICIPATING AT THEIR OWN RISK.