

COMPLETE BOTH SIDES, PLEASE

Blendon Middle School
Washington, D.C. Trip

Student Name _____

Emergency Contact #1

Name _____ Relationship _____

Phone #1 (_____) _____ Phone #1 (_____) _____

Emergency Contact #2

Name _____ Relationship _____

Phone #1 (_____) _____ Phone #1 (_____) _____

Emergency Contact #3

Name _____ Relationship _____

Phone #1 (_____) _____ Phone #1 (_____) _____

REQUIRED INFORMATION

ONE BOX MUST BE CHECKED

- Please have the School Nurse contact me regarding life-threatening allergies, prescription medication (**ALL prescribed medication must be administered by a chaperone**), or over-the-counter remedies students will be taking during the trip.
- My student has no life-threatening allergies and will not be self-administering any prescription medication or over-the-counter remedies during the trip.

Parent/Guardian Signature

Date

Clinic Use Only

- Parent Contacted
- Rx OTC Allergies Other
- Paperwork Returned

WESTERVILLE CITY SCHOOLS
CONSENT, RELEASE, AND ASSUMPTION OF RISK
FOR OUT-OF-STATE OR OVERNIGHT FIELD TRIPS

Student Name _____

Curricular or
Extra-Curricular Activity . . . Blendon MS Washington, D.C. Trip

As used herein; "ACTIVITY DIRECTORS", shall include Westerville City Schools, Board of Education, their teachers, agents, employees, and licensees, and "UNDERSIGNED" shall be the father and/or mother, or the guardian or the student if eighteen years or older.

The UNDERSIGNED understand that during the activity in which the student is participating under the direction of the ACTIVITY DIRECTORS, certain risks and dangers may occur, including but limited to hazards of accidents or illness in remote places without medical facilities, the forces of nature, and travel by plane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this activity and related activities and to utilize the services, including food, as provide, the UNDERSIGNED hereby assume all the risks set forth above and hereby hold the ACTIVITY DIRECTORS harmless from any and all liability, actions, cause of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above described activity and related activities. The terms thereof shall serve as a release and assumption of risks for the heirs and assigns, executors, administrators and members of the student's family and the student.

In the event emergency medical treatment is required for the student while he is under the control and direction of the ACTIVITY DIRECTORS and if consent is a requisite to any such treatment, the UNDERSIGNED hereby grant to the ACITIVITY DIRECTORS the right to give such consent to such treatment for the student on behalf of the UNDERSIGNED. Said consent may be granted or withheld by the ACTIVITY DIRECTORS as each of them, in their sole discretion, shall determine. The UNDERSIGNED hereby waive any claim which they may have against the ACTIVITY DIRECTORS arising from the granting or withholding of the aforesaid consent.

In the event that the student is under the age of majority, the UNDERSIGNED agree to indemnify the ACTIVITY DIRECTORS for any liability imposed on the ACITIVITY DIRECTORS by reason of any claim, cause of action or charge of any kind brought by the student participant or by any person or entity on behalf of the student and arising out of the above described activity or incidents related thereto.

Student's Signature

Date

Date of Birth

Parent's or Guardian's Signature

Date

Address

Phone