



10th Grade College Tours Field Trip
Parent Guardian Permission Form

To Be Returned to: Online google form
Deadline: April 5th, 2019, 11:55pm

(To be signed by Parents/Guardians)
(Save this page for your records)

Date: April 23, 2019

As part of our Campus Extracurricular Activities, the following activity has been scheduled:

Destination: 10th Grade College Tours, please select one tour ONLY!

UH Clear Lake: 9:30 am to 1:30 pm Rice University 11:00am-2:00 pm UH Main Campus: 12:00pm- 3:15

Date of Event: April 23, 2019

Event Name/Description: College Tours for 10th Grade. There are three different ones. Student needs to pick one.

Limited availability for each one, first come first served basis. (Only 40 students for Rice).

Student Full Name (Print):

Grade Level:

- Your child will need to bring a sack lunch.
The cost of the event is FREE
Transportation for the event will be provided by: School Bus
No child may participate in the activity without written consent from the parent/guardian.
Parent approval may NOT be obtained over the phone.
All students participating in this extracurricular activity will be responsible for abiding by the Harmony Public Schools Code of Conduct at all times, including during transport.
Student participants are required to travel to and from this event on the transportation provided, unless prior arrangements have been made.
All student participants should be promptly picked up after the event. Parents assume the liability of the children not picked up timely. Call the event coordinator(s) to make arrangements in emergencies.

Initials

Parental Permission

(To be completed, signed and turned in to an event/activity organizer by parent/guardian)

My child, named above, does not have my permission to participate in this extracurricular activity.

I understand that this activity is optional and attendance by my child is not required. The remainder of this form may be left blank if your child does not have permission to attend the activity.



I give permission for my child, _____, to participate in this extracurricular activity at his/her school. I understand the nature and rules of the school’s extracurricular activity efforts and reserves the right to withdraw my child from the event/activity at any time. I give permission for my child’s school records to be released to the event/activity coordinator in order to best support my child’s achievement.

(Parent/Guardian)

(Signature)

(Date)

Acknowledgment of Risk

I acknowledge Harmony Public Schools (“HPS”) cannot protect my child from risks, which may be encountered during extracurricular activities, including transportation thereto. I realize there are human, natural, mechanical, and environmental conditions and hazards which independently, or in combination with my child’s activities may cause a serious accident resulting in death, injury, personal property loss, health conditions or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risk. I hereby state that I understand these inherent risks and dangers involved with participation in extracurricular activities, and further acknowledge that some or all of these risks are not obvious or predictable.

Indemnity, Waiver and Release of Liability Agreement

In consideration for my child being permitted to participate in the field, as the natural or adoptive parent and/or as the legally authorized guardian, I do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend HPS and its officers, directors, employees and volunteers, individually and collectively (“the protected parties”), from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my child or me arising out of or in any way associated with my child’s participation in the field trip or travel incident thereto, whether by negligence, INCLUDING THE NEGLIGENCE OF THE PROTECTED PARTIES, or not, to the fullest extent permitted by law. The risk of serious injury to my child from extracurricular activities and the transportation thereto does exist, including the potential for permanent disability and death. I understand and fully acknowledge that my child’s participation in the extracurricular activities is solely at our own risk and I assume full responsibility.

I Have Carefully Read the Foregoing Release and Know and Understand the Contents Thereof. I Sign This Release Voluntarily As My Own Free Act With Full Knowledge Of Its Significance, Intending To Be Legally Bound Thereby.

(Parent/Guardian Signature)

(Date)

Medical Consent and Treatment/Release

In case of accident, illness, or other emergency, I understand that HPS personnel will attempt to contact me. If the HPS personnel cannot reach a parent/guardian after conscientious effort, I give permission for HPS personnel to call emergency service providers or medical or dental service providers. If a life-threatening emergency exists, I give permission for HPS personnel to immediately call emergency personnel and then contact me as soon as possible thereafter.

In the event that I cannot be reached to give necessary medical consent, I grant permission for HPS to arrange for all necessary emergency care for my child. I will be financially responsible for such care and for emergency medical transport. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred because of those services being provided.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described.

Initials

MEDICAL HISTORY

Is there a known history of:

Circle One

A. Birth Deformities (1 eye, kidney, etc.)

Yes _____

No _____

B. Medical conditions currently under treatment

Yes _____

No _____



- C. Preexisting injury currently under treatment Yes _____ No _____
- D. Fractures of other disability type injuries Yes _____ No _____
- E. Allergy (drugs, food, asthma, etc.) Yes _____ No _____
- F. Seizure disorder or convulsions Yes _____ No _____
- G. Known past illness of more than one week Yes _____ No _____
- H. Contact lens or glasses Yes _____ No _____

Student’s Medical Information

Child’s Name: _____ Health Insurance Carrier: _____
 Policy # _____ Under the name of: _____
 Relationship: _____ Name of Family Physician/Pediatrician: _____
 Phone Number(s): (_____) _____

***Permission for Transportation, Acknowledgment of Risk, Indemnity,
 Waiver and Release of Liability Agreement, and Medical Authorization & Information Form***

Note: If a student is to be transported to and from off-campus extracurricular activities by club advisor/mentors/teachers in their personal vehicles, this form has to be signed by a parent of this student to be transported.

I am/we are the parent(s)/legal guardian(s) of _____ (Student Name, Please Print Clearly)
 I/we understand that participation in the HPS Extracurricular Activities occasionally requires activities that do not take place on campus.

I/we give permission for my/our child to be transported to and from off-campus extracurricular activities by club advisor/program mentors/teachers in their personal vehicles, and hereby give permission for my/our child to be so transported.

Signature of Parent(s)/Guardian(s)

Legal Parent/Guardian 1 Printed Name _____ Date _____

Signature _____ Phone Number(s) _____

Legal Parent/Guardian 2 Printed Name _____ Date _____

Signature _____ Phone Number(s) _____