

Mount Olive School District's

PERMISSION SLIP for FIELD TRIPS, 2019

June 13, 2019

Mount Olive School District's **STEAM Camp** plans many field trips throughout each week of the program. As a convenience for you, we would like to extend a permission slip that will suffice for all planned activities during STEAM Camp. By signing this permission slip, you are allowing your child(ren) to attend **ALL** field trips scheduled.

Check this box if you do not want your child to participate in any field trips AND print/sign below.

PARENT RELEASE AND INDEMNIFICATION AGREEMENT

As the parent, I will explain the need to follow all trip-rules, as well as acknowledge and agree to the following:

1. Student-participation is voluntary.
2. The school district assumes no responsibility or liability for the actions of common carriers used to transport passengers or baggage in the event of any loss or injury to persons or property due to any defect in common carrier equipment, or through cancellations, neglect, or default of any common carrier; nor shall the school district be responsible for any illness, disease, infirmity or injury, damage or inconvenience sustained by any person for any reason whatsoever.
3. Student possessions are at "owner risk" for the duration of the trip and subject to inspection at any time.
4. Students will exhibit good behavior and obey all directions from personnel. A student may be removed from the trip for due cause including disruptive behavior, illness, use or possession of alcohol or controlled substances, a weapon, or dangerous instrument. The student will be returned to the custody of the parent/guardian who shall be responsible for all costs of this action.
5. I will notify the school in writing about how to communicate with an authorized person who may receive and act upon emergency messages concerning this child if I am unavailable at the contact information provided.
6. I release the agents, employees and representatives of Mt. Olive Twp Board of Education from all claims, liability, and damages for personal injuries, property damage, or other loss arising from the voluntary participation in this trip.
7. I agree to indemnify and hold harmless the indemnified parties from any claims, liability, obligations, costs and expenses of every kind and character whatsoever which may be asserted against the indemnified parties by reason of any act taken or not taken by this student or by the parent/guardian in relation to this trip.

RELEASE & PERMISSION: Please initial all items below.

- _____ I agree to the terms defined on the permission form.
- _____ I certify I provided all relevant information regarding this child's medical requirements while on trips.
- _____ I grant permission for this child to participate in all trips and release the school district from liability except as provided by law.
- _____ I hereby give my child permission to attend all STEAM Camp field trips.

* * * * *

Child's name: _____ Gr.: _____

Parent's printed name: _____ Home phone #: _____

Signature: _____ Work/Cell phone: _____

Please return these forms signed by Friday, 6/30/19 to the Board Office.

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MEDICAL INSURANCE INFORMATION

Parent/Guardian Health Insurance:

If your child is not covered by health insurance, write "NONE" on the line below.

INSURANCE COMPANY: _____ POLICY #: _____

The student may carry asthma or diabetes medication only.

Please indicate below if this student has any allergies to which the staff must be alert:

FIELD TRIP USE OF MEDICATION

District guidelines regarding the use of medication by students during trips are as follows:

- There will not be a nurse in attendance on the designated field trips. By law, teachers and other school personnel are not permitted to administer medications to students.
- Laws are in place that allow self-administration of medication in potentially life-threatening situations (N.J.S.A 18A: 40j-12.3) To use this option, the student's physician must certify that the child is capable of self-administration; and the parent must authorize that he/she has given permission for the child to do so. The certification and authorization form is available upon request.
- The following relates to students who do not suffer from life-threatening conditions but require medication. The student may receive the medication prior to or following the trip. The parent may accompany the child on the trip to administer the medication. All forms related to the options mentioned above must be submitted prior to the date of each trip. Please contact the STEAM Camp nurse prior to the start of camp if you have any questions.
- All information listed will be kept confidential. In case of sickness or accident, we will make every effort to notify you promptly. In the event we cannot locate you, we will notify your provided alternate contact. We require your authorization for treatment in cases of emergency examinations, consultations, anesthesia or treatment or surgery that may in the treating physician's judgment become necessary. **The undersigned hereby authorizes emergency actions outlined in the above statements.**

_____ I read the above statements and understand the district's guidelines for medication use on field trips.

STUDENT'S PHYSICIAN: _____ PHONE #: _____

STUDENTS'S DENTIST: _____ PHONE #: _____

PARENT'S SIGNATURE: _____ DATE: _____

Please return these forms signed by Friday, 6/30/19 to the Board Office.