

Parental Consent and Field Trip Waiver and Release Form

Glenbard Township High School District No. 87, DuPage County ("School District"), has organized the following field trip (the "Field Trip"). The undersigned parents/guardians of the student named below desire to have their child participate in the Field Trip and agree to the following:

1. There are certain risks of physical injury and other injuries and losses related to the Field Trip, and I assume the full risk of any injuries, including death, damages or losses which the student may sustain as a result of participating in the Field Trip.
2. I fully waive, release and discharge the School District, its Boards of Education, individual members, officers, employees, agents or volunteers from any and all claims from injuries (both personal and property), including death, damages, losses, or expenses of any kind, which the student may have or which may accrue related to the Field Trip and related activities. I waive, release and promise that I shall not bring any claim, by lawsuit or otherwise, against the School District, its Board of Education, individual members, officers, employees, agents or volunteers directly or on behalf of any other person in connection with the Field Trip. This waiver and release is made on behalf of and is binding upon myself and my spouse, children, heirs, executors, administrators and assigns.
3. I indemnify and hold harmless the School District, its Board of Education, individual members, officers, employees, agents or volunteers (the "Indemnitees") from any claim, loss, or expense whatsoever, including without limitation reasonable attorneys' fees, brought against or suffered by any of the Indemnitees due to any injury or loss in connection with the student's participation in the Field Trip and related activities or as a result of the student's acts or omissions in connection with such participation, or arising out of a claim directly or indirectly related to such participation brought by any other person and arising out of the student's acts or omissions.

If any term, covenant, condition, or provision of this form is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated. By signing this form, the parent/guardian acknowledges that he or she has read and fully understands the contents of this form and executes it of his or her own free will and without any reservation whatsoever. If only one parent/guardian signs this document he or she acknowledges that his or her signature is on behalf of any other individual with parental or guardianship rights related to the student.

Name of Student: _____ Field Trip Destination: _____

Date of Field Trip: _____ Trip Sponsor: _____

Student Cost: _____ Number of Teachers/Chaperones: _____

Time Leaving the Building: _____ Time returning to the building: _____

The student will be absent for the following periods:

1 2 3 4 5 6 7 8

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

Medical Information Form

Student's Name: _____

Home Address: _____

Home Phone _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Religion (optional): _____

Emergency Contact: _____ Phone #: _____

If a student is under a physician's care for ongoing medical treatment, please note:

Condition: _____ Medication: _____

Condition: _____ Medication: _____

Physician: _____ Phone #: _____

Please list any medical problems or allergies, which might influence medical treatment. If none, please state "None Known".

Please list ALL medications, which the student will carry, including Aspirin or Tylenol:

Insurance Carrier: _____

Policy #: _____

Group/Employer: _____

Name of Insured: _____

Power of Attorney Form

The undersigned certifies that he or she is the parent or legal guardian of _____
(student name)
that the child is a student in Glenbard Township High School, District 87, in Dupage County, Illinois,
and will be traveling to _____ on an educational tour
(destination)
sponsored by said District 87; that _____, who is a member of the
(teacher's name)
_____ Department and of the staff of Glenbard Township High School District 87,
whose address is _____ is in charge of the student
(Glenbard school address)
group during such tour; and that the tour will last from _____ to _____.
(date) (date)

If the parents (or legal guardians) cannot be immediately contacted, the undersigned does hereby grant full power of attorney to _____ in the event of accident or illness to
(teacher's name)
his or her child at any time from the commencement to the termination of such tour, to do as follows:

- 1) To arrange for the transportation of _____
(student's name)
whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, emergency room of a hospital, doctor's office, or medical clinic; and
- 2) To sign such releases as may be required in order to obtain such immediate medical or surgical treatment as is required in the judgment of medical authorities at said facility.

(Signature of Parent)

(Date)

(Address)

(City)

STATE OF ILLINOIS
COUNTY OF DUPAGE

SUBSCRIBED AND SWORN TO ME THIS _____
DAY OF _____.

NOTARY PUBLIC