



PARENTAL CONSENT AND EMERGENCY INFORMATION FOR SCHOOL TRIPS

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED PRIOR TO THE SCHOOL TRIP, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned All 2011-12 Millbrook HS Marching Band Events including Band Camp at Mars Hill, Competitions, Football Games, Parades, and other events

Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.

Purpose of Trip or Activity Participation in Games, Competitions, Camp, etc. w/ MHS Marching Band

Name of Teacher/Sponsor Natalie Kerr School Millbrook High

Method of Transportation Activity Bus/Charter Bus/Private Vehicle/Carpool, etc. (WCPSS owned vehicle, charter bus/contract vehicle, \*privately-owned vehicle)

\*When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student.

- To follow instructions given by the teacher/chaperone.
Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION.

Name of Student

Parent/Guardian Signature

Date

Student Signature (Grades 6-12)

Date

**Special Conditions**

If the trip includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE \_\_\_\_\_ DO NOT AGREE \_\_\_\_\_ TO THE ABOVE SPECIAL CONDITIONS.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian Medical Emergency Authorization**

In the event of a medical emergency while my child is participating in a school trip, I authorize Wake County Public School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor’s discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

*1<sup>st</sup> Choice*

*2<sup>nd</sup> Choice*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Day) (Night) (Day) (Night)

\_\_\_\_\_  
(Mobile) (Mobile)

**Emergency Medical Information (Please complete as applicable.)**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Medication taken routinely: \_\_\_\_\_

Special health needs: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

This form must be kept with school officials at all times during the school trip.