



Form I
OVERNIGHT AND/OR OUT-OF-STATE ACTIVITIES
Parent/Guardian Permission, Release of Liability
and Student Contract

2016-17

Section 1: Trip Information (completed by teacher, advisor or coach)

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|--|---------------------------|---|----------------|------------------------------------|-------------|
| SCHOOL Westview High School | DESTINATION Band Event | DEPARTURE DATE | DEPARTURE TIME | RETURN DATE | RETURN TIME |
| DESCRIPTION OF TRIP Westview HS Band and Auxiliary Programs | | SUPERVISING STAFF NAME Danielle Davey | | STAFF PHONE NUMBER 503-356-3053 | |
| TRANSPORTATION METHOD (mark all that apply) <input type="checkbox"/> District Bus <input type="checkbox"/> Train <input type="checkbox"/> Rental <input type="checkbox"/> Light Rail <input type="checkbox"/> Private Auto <input type="checkbox"/> Commercial Airline <input type="checkbox"/> Other _____ <input type="checkbox"/> Charter Bus (carrier name) _____ | | HOUSING AND FOOD ARRANGEMENTS (IF APPLICABLE) | | | |

Section 2: Student Emergency and Medical Information (completed by parent or guardian)

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|--|--|--------------------------------|---|---|
| STUDENT NAME | | STUDENT CELL PHONE # | | LAST TETANUS SHOT (DATE) |
| PARENT/GUARDIAN NAME | | HOME TELEPHONE | | WORK TELEPHONE |
| EMERGENCY CONTACT | | EMERGENCY CONTACT RELATIONSHIP | | EMERGENCY CONTACT TELEPHONE |
| PHYSICIAN | | TELEPHONE | | PLEASE LIST ANY HEALTH CONDITION OR ALLERGIES (BEE STING, FOOD, MEDICATIONS, ETC.) THE SCHOOL SHOULD BE AWARE OF: |
| HEALTH INSURANCE PROVIDER | | POLICY NUMBER | | |
| MEDICATIONS STUDENT IS CURRENTLY TAKING AND/OR PRESCRIBED: | | | ANY SPECIAL INFORMATION/INSTRUCTIONS CONCERNING MEDICATION: | |
| THE FOLLOWING NON-PRESCRIPTION MEDICATION MAY BE GIVEN TO MY CHILD BY DESIGNATED SCHOOL PERSONNEL (PLEASE LIST AND PROVIDE MEDICATION, PER BSD MEDICATION POLICY): | | | | |

(Medication administration will follow the Beaverton School District Medication Policy for ALL trips)

Section 3: Student Conduct Agreement

The Beaverton School District is proud of its students and is confident that in most circumstances student conduct on field trips and away-from-school activities will be reasonable and prudent. However, in the event that a student chooses not to abide by the rules established, both by the adult(s) in charge and contained within the Student/Parent Resource Handbook, he/she should be aware of the consequences. The student should fill in the information requested below and sign the contract. *If the student is under 18 years of age, his/her parent should also sign.*

Student:

I, _____ (add student name) understand that the above named trip is an official school activity and that all rules and regulations found in the Beaverton School District Student/Parent Resource Handbook are in effect. Among these rules are the following:

1. All directions and guidelines established by the adult(s) in charge will be followed.
2. There will be no use of tobacco, alcoholic beverages or other drugs at any time.
3. All established time schedules will be followed.
4. Reasonable and proper behavior will be maintained at all times during the trip.

I recognize that in the case of serious violation of the rules outlined in the Student/Parent Resource Handbook, including those listed above, that my parent(s) will be called collect and that I may be sent home at their expense as well as face other consequences listed in the District's Student/Parent Resource Handbook.

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| NAME OF STUDENT (PRINT) | SIGNATURE OF STUDENT | DATE |
|-------------------------|----------------------|------|

Parent/Legal Guardian:

I, _____ (add parent/guardian name), affirm that my student understands the trip rules and I agree with what has been set forth. I understand that I will be called if rules are broken and take full responsibility if my student has to be disciplined. I understand that any student disciplined may be sent home immediately at the expense of the students' parent/legal guardian if the trip leader deems it necessary. I understand and agree that during the trip my student will be, at times, without direct supervision. I agree to defend, release from liability and hold harmless the Beaverton School District, chaperones, employees and volunteers from any and all claims and liabilities arising out of this trip, except those which result from the sole negligence of the district.

On occasion, District sponsored trips may include activities prohibited by Administrative Regulation IICA-AR. The trip itinerary will identify such activities. If they exist you will be required to complete "Release of Liability & Hold Harmless – Non-District Sponsored Activity"

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| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
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Section 4: Transportation Release

The District has elected to establish guidelines relating to transportation of students for Beaverton School District sponsored activities. There will be some activities that the District will not be providing transportation to and from the event. This section is intended to advise parents and guardians of these circumstances and to have the parents/guardians release the District from all liabilities arising out of students being transported by ways other than a District Bus.

I acknowledge that I have reviewed the following:

- a) There may be times/occurrences in which my child will be transported by a privately owned transportation company such as rental automobiles, charter buses, commercial airlines, passenger trains, use public transportation such as Tri-Met or Max Light Rail or be a passenger in a private vehicle.
- b) To qualify as a Beaverton School District volunteer driver, in a Private Auto, volunteers must meet the following conditions: (1) Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Voluntary Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers, (2) May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver. (3) Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver. (4) Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver (5) Agree that they will adhere to all traffic ordinances and laws. (6) Have completed and passed a Beaverton School District Volunteer Background Check.
- c) I further agree to defend, release from liability and to indemnify and hold harmless the school district, sponsors, employees, school board members, volunteers, and agents from any and all claims and liabilities (including costs and attorney fees) arising out of or in any way connected to the transportation of my child. This Release and Indemnity Agreement includes claims based upon negligence.
- d) I further affirm that I have carefully read and understand this agreement and all of its terms. I understand that it is an AGREEMENT TO RELEASE AND INDEMNIFY which will prevent parents or guardians of my child or my child from recovering damages in any event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

Signature for Transportation Release (required for all trips using transportation methods other than district buses)

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| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
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Section 5: Permission and Waivers

◆ TRIP PERMISSION

I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

◆ MEDICAL WAIVER

I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

◆ IN CASE OF SURGICAL EMERGENCY

I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

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| NAME OF PARENT OR LEGAL GUARDIAN (PRINT) | SIGNATURE OF PARENT OR LEGAL GUARDIAN | DATE |
|--|---------------------------------------|------|