

Tredyffrin/Easttown School District
District-Sponsored Domestic Travel and Overnight Programs

- I. Parent Permission
- II. Medical Authorization
- III. Release Indemnity Agreement

Section I. Parent Permission Form

_____, grade _____, homeroom _____, has my permission to
(student name)

participate in the trip to Music Department Hawaii Trip ("the trip") from 4/6/17
(destination) (departure date)

through the return, scheduled for 4/12/17. In granting this permission, I understand
(return date)
the following:

1. The staff member(s) organizing the trip is/are: Chris Nation, Suzanne Dickinger, and Carey Hesse
2. The chaperones are: Stephen Eberly, Emily Nation, Staci Gray, Emily Gantt, Brittany Collins, Jesse Valencia, Susan DeJong, Allan DeJong, Leslie Susskind, Bill Susskind, Sherri Gartner, Ann D'Emilio, Benita Motel, Misty Whelan
3. The proposed itinerary is: See Attached
4. Travel arrangements are as follows: See Attached
5. Accommodations will be as follows: See Attached
6. The minimum and maximum numbers of students to be accommodated are _____
7. Tredyffrin/Easttown School District will not be responsible for unrefunded monetary deposits lost due to the cancellation of this trip for any reason. The policy on refunds in case of voluntary withdrawal from the trip is Non-refundable

8. My child is required to abide by all Conestoga School and Tredyffrin/Easttown School District codes of conduct as a condition for participation in this trip. I have discussed this condition with my child and represent that she/he agrees to this condition. Failure to abide by such codes of conduct or all applicable local, state, and Federal laws shall be adequate cause for the chaperones to send my child home early at my personal expense. In addition, students are subject to disciplinary action up to and including suspension and expulsion upon their return to school. I am aware suspension and expulsion could adversely affect, among other things, my child's standing in terms of athletic participation, college applications, National Honor Society membership, and employment applications.

Section II. Medical Authorization

I authorize and designate the chaperones and representatives of the school district set forth above to have authority during the period of travel set forth above to act in our stead to authorize medical treatment, including hospitalization, for my child if deemed necessary by the chaperone or representative of the school district. In granting this authorization, I am advising the chaperone/representative that the medical treatment sought should be the best reasonably available and that cost is to be of secondary concern.

Section III. Release and Indemnity Agreement

In consideration for Tredyffrin/Easttown School District's participation in the planning and arranging of the trip, I, on behalf of myself and my child, agree:

1. To release the Tredyffrin/Easttown School District and its directors, administrators, employees (in particular any chaperones identified above who are employees of the Tredyffrin/Easttown School District) or any chaperone duly designated by the School District (whether listed in Section I, or designated by the District at any time before the departure date) from any liability for personal injury to my child or damage to the personal property of my child unless such is caused by intentional misconduct by the directors or administrators of the Tredyffrin/Easttown School District and to indemnify and hold harmless the Tredyffrin/Easttown School District, its directors, administrators and employees for any claims asserted of the nature described in this paragraph.
2. To indemnify and hold harmless Tredyffrin/Easttown School District, and its directors, administrators, employees (in particular any chaperones identified above who are employees of the Tredyffrin/Easttown School District) or any chaperone duly designated by the School District (whether listed in Section I, or designated by the District at any time before the departure date) from any and all liability for any claim or damages asserted against them individually, jointly or severally as a result of any injury to any other person or damage to that person's property resulting from the actions of my child.
3. Liability includes any loss, damage, expense, causes of actions, lawsuits, claims or judgments, including attorney's fees.

Intending to be legally bound, I agree to the terms and conditions set forth in Section I (Parent Permission Form), Section II (Medical Authorization) and Section III (Release and Indemnity Agreement) above.

Regulation 6157

This agreement must be signed by both parents or an adult having custody of the student. If both parents have custody, this form must be signed by both.

If my child is eighteen (18) years or over, he/she assents to the Release and Indemnity Agreement contained in Section III above and to abide by all _____ School and Tredyffrin/Easttown School District codes of conduct as a condition for participation in this trip as witnessed by his/her signature.

Subscribed and sworn before me:

(Date)

Signed: _____
(father)

Address: _____

(Signature of Notary and Seal)

Subscribed and sworn before me:

(Date)

Signed: _____
(mother)

Address: _____

(Signature of Notary and Seal)

Subscribed and sworn before me:

(Date)

Signed: _____
(guardian if applicable)

Address: _____

(Signature of Notary and Seal)

Subscribed and sworn before me:

(Date)

Signed: _____
(child/18 or over only)

Address: _____

(Signature of Notary and Seal)

NOTE: Notary not necessary if delivered in person

**CONESTOGA HIGH SCHOOL
MEDICAL AND MEDICATION INFORMATION
Travel Form (School Sponsored Trips)**

Student's Name _____ Date of Birth _____

Parent/Guardian Name(s) _____

Phone #1 _____ Phone #2 _____ Phone #3 _____

Health/Hospital Insurance _____ Policy # _____

Family Physician _____ Phone # _____

Current Medication (include dose and reason for taking): _____

Specify allergies to food, substances, medications, insect bites, etc. _____

Specify past or current illnesses that may affect emergency treatment _____

- My child will not be taking any medication(s) during this travel/trip.
- My child will be taking medication according to the "District Regulation" below.

District Regulation: TESD Policy and Regulation 5406 places the following conditions on the supervised self-administration by students of medications. (In this document, the term 'medication(s)' includes prescription and non-prescription medication). Within a minimum of 48 hours prior to the departure/travel:

- Parent must provide to the designated professional staff member, the medication(s) and a physician's order (including the child's name, name of medication, the dose, route, and time of administration).
- Students may not self-carry any medication(s) unless the medication has received prior designation and authorization by parents, physician and school nurse as needed for a life-threatening condition.
- All medication(s) must be held and administration supervised by a designated, professional school staff member.
- All medication will be kept in its original container, properly labeled.
- If emergency treatment is required, I authorize the travel sponsor to act in my behalf to secure the most accessible medical services.
- My child may take: Ibuprofen YES NO Acetaminophen YES NO Benadryl YES NO
(Dosage provided to student by a professional staff member.) (Bendryl) For allergic reaction only

Parent/Guardian Signature _____ Date _____ rev 5/16