

PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP

This permission form has been signed only after understanding and considering the following:

1. Trip Planned: Orchestra Trip to Chicago, IL on March 18-22
2. Purpose(s) of Trip: Observing and working with members of the Chicago Symphony Orchestra in a Clinic setting.
Observing the process of making instruments from William Harris Lee, Co. Violin Shop.
3. Supervision: 1 Teacher and 7 Chaperones
4. Transportation: His Majesty Coach Buses
5. Requirements: See Chicago Trip Packet for details.
6. Expectation and See Chicago Trip Packet for details.

Instructions:

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical Information

Family Physician: _____ **Phone:** _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): _____ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors ("District Indemnites") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnites or which may be brought against the District Indemnites arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date

**HARRISON HIGH SCHOOL ORCHESTERA
2020 SPRING CHICAGO TRIP INFORMATION**

Student/ Parent Consent Form

I have read the trip packet for the 2020 Spring Chicago Trip. I understand the trip requirements, expectations, and rules regarding behavior. I am aware that should an incident occur deemed by the orchestra director severe enough that it warrants sending my child home, I am responsible for all transportation (including air fare) for my child and an accompanying chaperone. I am also aware that **NO REFUND** will be given if my child is removed due to a Cobb County School District policy being broken. Any student enrolled in the full-year of orchestra class is eligible. Students must be currently active in the program when the trip occurs and must be in good standing with the school and organization. Students must maintain exemplary grades and conduct throughout the school year to be permitted to participate in this event. Because the deposits are due early, ***and non-refundable***, it is imperative that the students maintain excellent discipline and grades throughout the year.

ALL SCHOOL RULES ARE IN EFFECT FROM THE TIME YOUR CHILD LEAVES HARRISON UNTIL THEY RETURN FROM THE TRIP.

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____