

PENN-HARRIS-MADISON SCHOOL CORPORATION - FIELD TRIP WAIVER

Student Name: _____

Dear Parents,

On Tuesday, December 18, 2018, Mrs. Montgomery's classroom students will be going to the Snite Museum in South Bend, IN . They will be eating lunch at the Duncan Student Center, so please pack a sack lunch. No soda please.

PHM buses will provide transportation. We will be out of the building from 9:30 AM until approximately 12:30 PM. Please sign the permission slip below and return to your child's teacher by Wednesday, December 12, 2018.

Thank you,

Mrs. Montgomery

The undersigned recognizes that participation in the Event has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries and all risk of damage to or loss of property which I/my child may incur.

I, on my own behalf and on behalf of my child hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation, its staff and volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this Event. If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during the Event. I further understand that any medical treatment will be provided at my expense (or that of my insurer) and that Penn-Harris-Madison School Corporation and/or its affiliates will not be in any way responsible or liable for costs and fees related to such medical treatment.

This Field Trip Waiver may not be modified without the express written consent of the Penn-Harris-Madison School Corporation.

No, my child does not take any medication

Yes, my child does take medication and I will fill out the Medical Authorization on the next page

Signature of Parent/Guardian: _____ Date: _____

Emergency Information: In case parent/guardian cannot be reached, please contact:

Name:	Phone Number:	Relationship to the Student:
--------------	----------------------	-------------------------------------

Name:	Phone Number:	Relationship to the Student:
--------------	----------------------	-------------------------------------

MEDICATION. In order for your child to receive or use medication during the Event, the back of this Waiver must be completed and returned with the appropriate signatures.

MEDICATION AUTHORIZATION

Student Name: _____

Address: _____

Field Trip or Event Name: Snite Museum, South Bend, IN.

Date of Field Trip or Event: Tuesday, December 18, 2018

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non- prescription medication. A school nurse does not usually accompany students on field trips. The trip-teacher leaders designated for the Event shall be the authorized parties for administering medication on any field trip.

Medication will be administered to a student for whom an existing Authorization to Administer Medication is on file with the Penn-Harris-Madison School Corporation in accordance with the terms of said Authorization. If there is no existing Authorization to Administer Medication on file for the student, then any medication to be administered to a student on any field trip must be delivered along with this Authorization to the designated trip-teacher leader(s) at least one (1) full day before departure. Only the amounts needed for the field trip shall be delivered. All medication shall be in the original labeled container.

To Be Completed by Parent/Guardian

I am hereby requesting permission for my child named above to use the following medication(s) during the Event:

Name of Medication : _____ Dosage: _____ Time: _____ Side Effects: _____

Name of Medication : _____ Dosage: _____ Time: _____ Side Effects: _____

I authorize the trip-teacher leader designated for this Event to administer the above medications to my child. I agree and understand that the Penn-Harris-Madison School Corporation, its staff and volunteers shall incur no liability for storing, transporting, and/or administering the above medication to my child and/or any injury sustained by my child from any reaction to such medication.

I, on my own behalf and on behalf of my child, hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation, its staff and volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur with respect to the administration, transportation, storage, receipt and/or use of the above listed medication. I further understand that any unused medication delivered to the trip-teacher leader shall be released to me following the Event.

Signature of Parent/Guardian: _____ Date: _____

