



Acknowledgement of Receipt of Field Trip Itinerary

I have consented to allow my child, _____, to participate in the field trip to _____, which is sponsored by _____ School.

By signing this document, I acknowledge that I received the itinerary for the field trip and that I have read and understand the information that was provided to me regarding the itinerary.



SIGNATURE OF PARENT/GUARDIAN

DATE



STUDENT BEHAVIOR/PARENTAL CONSENT FORM

My child, _____, has permission to participate
in the field trip to _____ ("activity")
on ____ / ____ / ____ through ____ / ____ / ____.

I understand that my child's participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all Cleveland Metropolitan School District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip.

My child and I understand that he/she will be expected to:

- Follow all rules/regulations as provided by the teachers/chaperones and/or school policy
- Act responsibly in all situations
- Seek assistance immediately from the adults in charge if a situation occurs which puts students in danger
- Behave properly on the bus or in a car or a van or on an airplane

My child and I agree that if the above are not followed, he/she will be:

- Subject to the Cleveland Metropolitan School District Student Code of Conduct
- Excluded from participation in future field trips

I understand the arrangements and believe that necessary precautions and plans for the care and supervision of the children during the trip will be taken. Beyond this, we will not hold the individual school, the Cleveland Metropolitan School District, or those supervising the trip responsible.

☒ _____
SIGNATURE OF PARENT/GUARDIAN DATE

☒ _____
SIGNATURE OF STUDENT DATE



**PARENT/GUARDIAN CONSENT FOR CHILD'S VOLUNTARY FIELD TRIP PARTICIPATION, RELEASE
AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

School: _____ Teacher: _____ Principal: _____

Dates of Field Trip: ____/____/____ through ____/____/____

Field Trip Destination: _____

Trip Itinerary Information: _____

Student's Name: _____ Grade: _____
Last First Middle

Address: _____ Phone: _____
Number/Street City Zip

Father/Guardian Name: _____ Phone: _____
Last First

Mother/Guardian Name: _____ Phone: _____
Last First

Emergency Contact: _____ Phone: _____
(If unable to reach parent/guardian) Name/Relationship

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Carrier: _____ Phone: _____

Policy Number: _____ Group Number _____ Effective date: _____

FIELD TRIP RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I give my consent to have my child _____ voluntarily
attend this field trip. (Please fill in child's name)

I understand that this field trip is not a required activity of my child's class. While field trip attendance is encouraged, it is not required. An alternative activity will be provided at the school site if my child does not attend this field trip.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CLEVELAND METROPOLITAN SCHOOL DISTRICT, its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns,

heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in a field trip or excursion that is sponsored, planned or directed by the Cleveland Metropolitan School District.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in a field trip or excursion that is sponsored, planned or directed by the Cleveland Metropolitan School District.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in a field trip or excursion, sponsored, planned and directed by the Cleveland Metropolitan School District; and

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.



Signature of Parent/Guardian

Date

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL/DENTAL TREATMENT

I (we) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby consent that he/she be permitted to attend (event) _____ on (date) _____ and should the need arise, do hereby authorize and consent to my son/daughter/ward receiving necessary medical/dental treatment in the event of an injury or illness. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical/dental provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. In order that my son/daughter/ward may receive the necessary medical/dental treatment in the event of an injury or illness, I hereby hold the Metropolitan School District and its representatives harmless in the exercise of this authority.

I also understand the School District does not provide medical/dental insurance for my child for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical/dental treatment expenses for my child that are not covered by insurance. I will not hold liable the Cleveland Metropolitan School District, its officers, or employees for medical/dental aid rendered and will reimburse the Cleveland Metropolitan School District for all medical/dental or other expense incurred in the care of my son/daughter/ward.

I have read the information, verifying its accuracy, and agree to the statements made above.



Signature of Parent/Guardian

Date



CLEVELAND
METROPOLITAN
SCHOOL DISTRICT

STUDENT HEALTH HISTORY FOR FIELD TRIP PARTICIPATION

Student Name: _____ Birthdate: _____

Last First Middle

1. To the best of your knowledge, has your child been exposed to a communicable disease within the past 21 days? _____ Yes _____ No

2. Does your child have any of the following health problems? Please answer **Yes** or **No**.

a. Operations or serious injuries in the past two years (Dates) _____

b. Chronic or recurring illness _____

c. Recent broken bones _____

g. Fainting spell _____

d. Asthma _____

h. Hernia (rupture) _____

e. Heart disease _____

i. Seizures (Epilepsy) _____

f. Hay fever _____

j. Diabetes _____

Other physical conditions or diseases _____

3. Date of most recent Tetanus shot _____

4. Does your child have any drug or other allergies? (Insect bites or stings, penicillin, plants or pollens, foods, etc.) _____

5. If your child takes any medication that must be administered during the field trip, you must provide the medication and the physician's specific directions concerning administration and dosage, emergency contact information for the prescribing physician, and any other medical instructions.

Medications child takes (Type of Medication, reason, dosage and frequency, name of prescribing physician): _____

6. My child has received all of his/her immunizations. _____ Yes _____ No

The health history that I have provided is correct so far as I know, and I consent and grant my permission for my son/daughter/ward to engage in all described activities of the field trip.



Signature of Parent/Guardian

Date

CLEVELAND METROPOLITAN SCHOOL DISTRICT

Media Consent Form

(Check the Applicable Box)

☐

I hereby irrevocably consent to the unrestricted photographing, videotaping or otherwise recording or broadcasting or publishing and other unrestricted use of my child's writing, photographs, video, image or likeness, or quotes without limit, reservation or remuneration by the media and/or the Cleveland Metropolitan School District (CMSD). CMSD shall be the sole and exclusive owner of all rights to the said recordings it has taken. I release all rights in the said recordings on behalf of myself and my ward/child.

☐

I do not consent to the photographing, videotaping or otherwise recording or broadcasting or publishing and other use of my child's writing, photographs, video, image or likeness, or quotes by the media and/or the Cleveland Metropolitan School District.

STUDENT INFORMATION

Student Name _____

School _____ Grade _____

Parent/Guardian Signature _____

Parent Printed Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Date _____

* **Disclaimer:** As a matter of policy, the Cleveland Metropolitan School District will not publish both a student's name and photograph together.

* Students over the age of 18, need not obtain parental consent.

The goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America.

The Cleveland Board of Education does not discriminate in educational programs, activities, or employment on the basis of race, color, national origin, sex, sexual orientation, age, religion or disability.



PARENT FUNDRAISING CONSENT FORM

Name of Student: *(Please Print)* _____

Name of Parent/Guardian: *(Please Print)* _____

Address: _____ Phone: _____

For overnight travel within US borders and/or international trips, if the student is responsible for raising a pre-determined amount via fundraising or contribution, the parent/guardian acknowledges the financial responsibility. If the fundraising or pre-determined contribution requirement cannot be met by the stated deadline, the student can withdraw from the trip. Personal contributions will be refunded; all other funds raised by the student through fundraising activities shall be contributed to the schools general student activity account to benefit all students.

I have read the information, verifying its accuracy, and agree to the statements made above:

Parent/Guardian Signature

Date