School-Related Student Trip Permission Slip and Medical Release Form

Beechwood School 54 Beechwood Road Ft. Mitchell KY (859) 331-1220

I/We, the parents/guardians of _____, understand the nature of the trip being planned
Student Name
to: _____ on _____ departing _____ and returning _____ at a cost
Location *Date* *Time* *Time*
of $_____, **plus a $3.00 bus fee**, for a **total of $_____** and are in accord with the purposes of and procedures governing the trip.

This trip is being coordinated and sponsored by the following faculty: _____.

I/We understand that transportation to and from the Beechwood Independent Schools sponsored event will be afforded by: _____ .

We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise which are not reasonably within the control of the supervising teacher(s) or staff (including volunteers).

I/We further agree to release and hold harmless the Board of Education of the Beechwood Independent School District, its officers, employees, and agents from and against all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) I/we many now or hereafter have or claim to have in any court or other forum for or on account of any losses, damages, personal injuries, pain and suffering, or death and the costs of required medical services arising from such activities. This Release Agreement shall be construed to be as comprehensive as is allowed by law; as severable, the invalidity of any portion of which shall not affect any other portion; and shall not establish a legal or other relationship between or among those released which does not in fact exist.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me at _____ to receive my specific authorization before action is taken.
Phone Number

If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to have my child transported to the nearest Emergency Department if an accident or serious illness occurs on the trip and I cannot be contacted.

In the event that a student must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher/staff in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Teacher/Sponsor- Are chaperones needed for this trip? ☐ Yes ☐ No
If yes, then all chaperones must be listed on the Volunteer List. If they are not listed, then they must submit a completed Youth Leader form for a background check.

If chaperones are needed for this trip, I would like to chaperone. ☐ Yes ☐ No

_____ _____ _____
*Student Name (**Please Print**)* *Parent or Guardian (**signed**)* *Date*

_____ _____ _____
Home Phone *Work Phone* *Cell Phone*