

FORM D Waiver, Behavior, Search- General Permission Signature Required all trips

STUDENT _____ **Field Trip Destination** All Choir & Musical **Date(s)**
School Year 2009-2010

1 WAIVER OF LIABILITY

In consideration of my daughter/son being provided with the opportunity to participate in an officially sponsored and approved educational trip that involves traveling to and from the above destination on the above dates, I hereby waive any right or cause of action, of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to the Grosse Pointe Public School System or School System personnel or the adult chaperones, except to the extent that any damages related to such a right of a cause of action may be covered by the School System's policies of liability insurance.

2 REQUIRED BEHAVIOR

All educational trips require cooperation, responsibility, and good behavior on the part of each participant, for the good of all involved. While on an educational trip, students are required to abide by the Student Code of Conduct (Board Policy JCD). Any student using alcohol, tobacco, or other drugs (except medications as listed on FORM E Authorization for Medical Treatment), will automatically be sent home at the parent's/guardian's expense after the parent or other responsible adult has been contacted.

3 SEARCHES

In order to protect the health, safety, and/or welfare of students on school property or under school jurisdiction such as during an educational trip, a school principal or a principal's designee may search a student's luggage or possessions before the trip gets under way or at any time during the trip when deemed necessary and appropriate. Any such search shall be conducted in the presence of an adult witness. (per Board Policy-Regulation JCAA)

STUDENT AGREEMENT

I agree to be bound by the behavior requirements identified in paragraph 2 above. I further understand that my luggage and possessions are subject to search in accordance with paragraph 3 above.

X _____
Student Signature *Date*

PARENT/GUARDIAN AGREEMENT AND PERMISSION

I understand and agree to the waiver of liability, required behavior, and searches provisions outlined in paragraphs 1, 2, and 3 above. I hereby give my permission for my student to participate in this educational trip.

X _____
Parent/Guardian Signature *Date*

NOTE: Student participation in educational trips is voluntary. Should a student choose not to participate, other appropriate educational experiences will be planned for him / her in place of this field trip.

FORM E STUDENT- AUTHORIZATION FOR EMERGENCY MEDICAL

REQUIRED FOR ALL TRIPS Emergency medical card may be used in place of Form E
IMPORTANT: This information must be taken along on the field trip in case of an emergency.

STUDENT	DATE OF BIRTH	Today's Date

I/ We, the parent(s) or legal guardian(s) of above student, hereby delegate to the School System the authority to authorize and consent to any or all medical, surgical, dental, optical, hospital care, or treatment, in case of emergency, while on an educational trip. Such treatment is to be rendered by, or under the jurisdiction of a duly licensed physician or dentist. The School System is fully authorized to act in accordance with best judgment in any such emergency and is absolved from any liability or financial responsibility to connection therewith.

X _____ Home Telephone No. _____
Signature of Parent or Guardian

Home Address _____

 Mother's / Father's Place of Employment Work Telephone Number(s)

 Pager Cell Phone Number (s)

Medical-Hospital Insurance Co. _____

Name of Subscriber _____

Group No. _____ Service No _____ Contract No _____

EMERGENCY INFORMATION

Please list any allergies your child has: _____
 Please note any special needs your child has (dietary, medical conditions, etc. You may attach separate sheet.)

_____ Name of Physician	_____ Address	_____ Telephone No.
_____ Name of Dentist	_____ Address	_____ Telephone No.
_____ Name of Eye Doctor	_____ Address	_____ Telephone No.

If unable to contact spouse, please call (local contact):

_____ Name	_____ Address	_____ Telephone	_____ Relationship
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FORM H TRANSPORTATION Required for all trips

DESTINATION OF EDUC./ ATHLETIC/ CLUB TRIP All Choir & Musical Rehearsals TRIP DATE(S) School Year
2009-2010

SCHOOL South

TRIP SPONSOR: TEACHER/COACH BOWEN

1. Transportation by public / commercial carrier

My child, _____ has my permission to attend this trip; it is my understanding that students will be transported by ___ bus, ___ train, ___ airplane, or ___ other public / commercial carrier _____

X _____
Signature of Parent or Guardian *Date*

and/or-----

2. Transportation by automobile

My child, _____ has my permission to attend this trip. It is my understanding that students will be transported by privately owned automobiles driven by ___ parents ___ students. I understand that every reasonable effort will be made to plan for safety on this trip. Under the current interpretation of Michigan No-Fault Insurance, my automobile insurance covers my son/daughter in case of injury while riding in another's automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip just as he or she would be in the normal operation of the vehicle. Liability insurance carried by the Grosse Pointe Public School System Board of Education provides secondary coverage beyond the limits of that carried on the private automobile.

X _____
Signature of Parent or Guardian *Date*

FORM I TRANSPORTATION Agreement to serve as a driver on a trip or Agreement to have son / daughter drive

1. Driver on an Educational Trip

Thank you for volunteering to serve as a driver on this trip. We appreciate your help in making this experience possible. Your signature indicates you understand both your responsibility and that of the School System related to this trip.

I, (driver's name) _____, understand that volunteers who have been designated to transport students are covered beyond the primary coverage of their personal liability insurance by the liability section of the School System insurance program. Drivers must rely on their own personal liability insurance for protection against negligence suits. Under the current interpretation of Michigan No-Fault Insurance, a child's parents' insurance covers him/her in case of injury while riding in my automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip just as he or she would be in the normal operation of the vehicle. Liability insurance carried by the Board of Education provides secondary coverage beyond the limits carried on the private automobile. Drivers are responsible for seeing that passengers are appropriately seated and use seat belts. Drivers must wear seat belts, may not smoke at all during the trip, and may not use cell phones while driving.

I have a current valid Michigan driver's license # _____ and a good driving record. Further, I carry liability insurance that is current in keeping with MI No Fault Insurance law.

X _____ Signature of DRIVER Date

2. Additional Signatures Required for a Student Driver

Thank you for agreeing to allow your son/daughter to help us conduct an educational trip. We appreciate your help in making this experience possible. Your signatures indicate that you understand your responsibility, the student driver's responsibility, and the responsibility of the School System related to this trip.

I certify that (student driver's name) _____ has my permission to serve as a driver on an educational trip to (destination) All Choir & Musical on (date) 2009-2010 Year.

I understand that, under the current interpretation of Michigan No-Fault Insurance laws, a parents' automobile insurance covers a son / daughter driver in case of injury while driving an automobile. Any driver and/or owner of a private automobile is responsible for liability incurred on an educational trip just as he or she would be in the normal operation of the vehicle. Liability insurance carried by the Board of Education provides secondary coverage beyond the limits carried on the private automobile. Drivers are responsible for seeing that passengers are properly seated and use seat belts. Drivers must wear seat belts, may not smoke at all during the trip, and may not use a cell phone while driving. I further certify that this automobile and driver carry liability insurance in keeping with Michigan No Fault Insurance law.

I certify that my son/daughter student driver has a current valid Michigan driver's license # _____ and that he/she has a good driving record.

X _____ Signature of Parent/Guardian Date

X _____ Signature of Student Date

FORM J WALKING TRIP

Permission for brief, nearby walking trips off school grounds (only)
To be filled out, signed once, and kept on file for the school year

Student _____ School South Grade

Teacher BOWEN for school year 2009-2010

Student _____ has my permission to take part in educational walking trips off school grounds during this school year.

It is my understanding that such trips are to support and enhance what is taught in the classroom and may involve things such as (but not limited to) observing changes in nature, looking at the architecture in our community, learning how to pace oneself for a fitness walk, etc.

Further, it is my understanding that a parent may withdraw this form at any time without advance notice to the school.

X _____
Parent/Guardian Signature *Date*

Please return completed and signed forms to: Barb Cole, 39332 Della Rosa Dr., Sterling Heights, MI 48313 BY Sept. 18, 2009