

**HAMILTON SCHOOL DISTRICT
Sussex, WI**

**Hamilton School District Extended Field Trip Application and Release Form
Description of the Trip Form**

Grade level/class of students attending: _____

Destination: _____

Purpose of Trip: _____

Date(s) of Trip: _____

Time of Departure: _____ Time of Return: _____

Approximate cost per student: _____

Means of transportation: _____

Transportation arrangements:

Itinerary:

For this trip, your child will need (i.e. bag lunch, money, special clothing, etc):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Chaperones are needed for this trip: Yes____ No____

I am available to chaperone: Yes____ No____ Phone: _____

Emergency numbers: (List the phone numbers where you or another responsible adult can be reached during the trip):

- | | | |
|----------------|---------------------|--------------|
| 1. Name: _____ | Relationship: _____ | Phone: _____ |
| 2. Name: _____ | Relationship: _____ | Phone: _____ |

Parent/Guardian Signature: _____ Date: _____

**Medical Form
Hamilton School District Extended Field Trip**

CONSENT FOR MEDICATION ADMINISTRATION

TO THE PARENT/GUARDIAN OF _____
(student's name)

It is the Hamilton School District's policy to secure your consent for medication administration and for the use of medical devices. The medication or medical device(s) can be self-administered or be administered by an advisor. All prescription medication must be in a pharmacy labeled package labeled with the student's name, doctor's name and phone number, medication name and dosage and effective date. Non-prescription medication must be in the original manufacturer package which lists the ingredients and recommended dosage. NOTE: If the advisor is being asked to administer prescription medication to a student, a written statement from the student's physician must be provided as required by state law and district policy. You must also complete the form below:

- No medications
- I want the following medication or medical device(s) self-administered.
- I want the following medication or medical device(s) administered by an advisor.

Name of Medication

Name/address/phone number of prescribing doctor

Dosage to be taken

How to be administered

Time(s) of day to be taken

Day(s) to be taken

Special instructions/side effects/comments

PARENT'S STATEMENT REGARDING HEALTH

Medical History

Immunization Record:
MMR (measles, mumps, rubella)
Up-to-date Yes No (please explain)

Has the participant ever had major surgery or been hospitalized? Yes No
If yes, please explain and give date of hospitalization:

Does the participant have any medical condition(s) requiring special considerations? Yes No
If yes, please explain: _____

Does participant have allergic reaction to:
(check box if YES)
 Penicillin _____
 Other antibiotics _____
 Other medicines (type) _____
 Insect bites/stings _____

Has participant had or is presently experiencing the following: (check if YES)

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Joint injury/surgery |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Menstrual difficulties |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Mental/emotion problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Neck/back pain/injury |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Ulcer |

Other _____

**MEDICAL FORM
HAMILTON SCHOOL DISTRICT EXTENDED FIELD TRIP
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Parent/Guardian Name Parent/Guardian Address

Home Phone Work Phone Alternate Phone
(Please indicate whose work and/or alternate phone)

Emergency Contact Name Emergency Contact Address
(other than someone living at the student's address)

Emergency Contact Home Phone Emergency Contact Work Phone

Insurance Company Policy/Group Number
(or provide a copy of insurance card)

Family Physician Phone

I understand and agree that by signing this form, I am consenting to the administration of medication as described above and I am assuring that the information provided above is accurate.

Parent/Guardian signature _____ Date _____

**Application and Release Agreement
Hamilton School District Extended Field Trip**

_____ (“the Parents”) and _____ (“the Student”) and the Hamilton School District (“the District”) hereby agree to the following terms:

1. Description of the Trip

The student and the parents have read and understand the Description of the Trip Form that is attached to this Agreement. The District, however, reserves the right to make changes to the trip at any time and for any reason, with or without notice, and the District shall not be liable for any loss whatsoever to the student or the parents because of any such cancellation or change.

2. Supervision

The District will provide chaperones to supervise students from the time of departure to the time of return listed on the Description of the Trip Form. If you wish to serve as a chaperone, please indicate your availability on the Description of the Trip Form.

3. Rules, Regulations and Expectations

All of the rules in the Hamilton School District Student Handbook and in Hamilton School District Board policies apply during the Trip. The parents and student understand and agree that if the student violates any rule in the Student Handbook or Board policies, the District may terminate the student’s participation in the Trip. Under these circumstances, the parents will be required to pick up the student or the student will be sent home immediately by common carrier at the parents’ expense. The student may also be subject to further disciplinary action, up to and including suspension or expulsion from school.

4. Costs

The student and the parents agree to pay the estimated cost listed on the Description of the Trip Form, as well as any additional costs that the Student incurs in any way related to the trip. This includes the costs associated with an early return for violations of school rules or for any other reason.

5. Insurance and Emergency Medical Needs

The parents hereby represent and warrant that the student is and will be covered throughout the trip by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses that the student sustains or experiences while on the trip and, more specifically, in all states that the student will travel through or visit during the trip. The parents hereby certify that the student’s health insurance policy will adequately cover the student while outside the State of Wisconsin.

The student and the parents agree to report to the District Administrator any physical or mental condition which may require special medical attention or accommodation during the trip at least thirty (30) days before the student’s departure. The parents also agree to complete and sign the Medical Form attached to this Agreement. The parents hereby

authorize the trip chaperones to administer medications as described in the Medical Form and to arrange for and consent to medical or health-related procedures or treatments that, in the chaperone's discretion, are necessary during the trip. The parents hereby agree to pay the costs, either personally or through insurance, of any such medical procedures or treatment.

6. Request to Participate in Trip

The student and the parents hereby request that the student be allowed to participate in the trip, and they specifically consent to the student's participation. The student and the parents have read and understand this Agreement and they agree to its terms. The student and the parents have also read and understand the Student Handbook and Board policies, which apply to this trip. The student specifically agrees to abide by these rules and policies. The student and the parents understand the consequences of any violation of these rules or policies.

If the student remains enrolled in the District, and complies with all rules and policies, the District will allow the student to participate in the trip. The District reserves its right, however, to refuse to allow the student to participate based on prior attendance or disciplinary reports. In addition, the District in its sole discretion reserves the right to require the student to return home at any time if the District determines that any person is or will be a danger, or for any other reason. Under these circumstances, the parents will pay any costs associated with the student's return, as noted in paragraph four, above.

7. District's Right of Modification or Cancellation

The student and the parents acknowledge and agree that the District or its designee has the sole and absolute discretion to modify or cancel the trip or any aspect thereof at any time and for any reason, with or without notice, and the District shall not be liable for any loss whatsoever to the student or the parents because of any such modification or cancellation. As a result, the District strongly advises the parents to purchase trip cancellation insurance.

8. No Right to Reimbursement or Refund

The student and the parents understand and agree that they are not entitled to reimbursement or refund from the District of any funds of any type paid by the student or the parents or any other person or entity on the student's behalf whether as a deposit, prepayment, or otherwise for any trip modified or cancelled by the District or its designee regardless of the reason for the modification or cancellation and regardless of the reason for the loss of such funds.

Refunds obtained from contracted vendors shall be proportionately distributed to participants only if such funds exceed expenses incurred. The student and the parents further understand and agree that the District may reasonably withhold, possess, and use any funds that have been collected or are due to be collected in conjunction with the trip and that the District may collect at any time such funds that are due from the student under any payment participation agreements related to the trip.

9. Complete Waiver and Release of Claims

In consideration for the Hamilton School District allowing the student to participate in the trip, the sufficiency of which the student and the parents hereby acknowledge, the student and the parents hereby expressly waive, release, forever discharge and agree to indemnify and hold harmless the District, its respective agents, servants, officers, directors, officials, board members, attorneys, employees (whether past or present), District-appointed chaperones, and successors and assigns, individually and in their official capacity, (collectively “the District”) from any and all claims, liabilities, allegations, covenants, rights, causes of action, demands and damages of any kind, known or unknown, under any statute, regulation or law, arising out of, related to, concerning, or in any way connected with the student’s participation in the trip.

The student and the parents further understand and agree that the District assumes no responsibility or liability whatsoever, in whole or in part, including, but not limited to, responsibility or liability for the following: all liability and judgments for personal injuries, known or unknown, property damage, costs, loss of services or expenses of any type, including attorney fees, claims, demands, actions, damages, losses, expenses, and judgments, and attorney’s fees, which any person may have against the District, arising out of, relating to, concerning or in any way connected with the student’s participation in the trip or on account of the loss of funds that are paid or applied by the student or the parents or any other person or entity on the student’s behalf for the purpose of funding the trip regardless of the reason for the loss of such funds.

The student and the parents further understand and agree that the District assumes no responsibility whatsoever, in whole or in part, including, but not limited to, responsibility or liability for the following: any delays, delayed or changed departure or arrival times, fare changes, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the District, force majeure, war quarantine, civil unrest, public health risks, criminal activity, terrorism or terrorist acts of any kind, expense, accident, injuries or damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, or failure or negligence of any nature in connection with any accommodations, restaurant, transportation or any other service.

10. Governing Law, Successors and Assigns

This Agreement shall be governed and construed in accordance with the laws of Wisconsin and shall be binding upon the parties hereto and their respective successors and assigns. Any claims against the District, as defined in paragraph nine, above, shall be brought in the United States Federal District Court for the Eastern District of Wisconsin.

**Hamilton School District
Extended Field Trips**

352.1-Exhibit 1

The student and the parents hereby acknowledge they have carefully read this Agreement, know and understand its contents, agree to abide by each of the terms, and have signed it voluntarily and of their own free will.

Parent/guardian Signature

Date

Student Signature

Date

The Description of the Trip Form, the Medical Form and this Agreement must each be completed, signed and returned to _____ no later than _____.

APPROVED: March 4, 2003

REVISED: September 5, 2006
 June 18, 2012