



**PARENTAL/LEGAL GUARDIAN CONSENT, WAIVER AND RELEASE
FORM FOR FIELD TRIPS AND EXTRACURRICULAR TRIPS**

I, as parent or guardian of _____, do hereby grant permission and consent for my child to participate in the following field trip or extracurricular trip:

Destination: Partnership Community Health Center

Date: Select Wednesdays during the 2016-17 school year

Departure Time: 7:30 a.m. **Return Time:** 11:00 a.m.

Cost: \$0

Purpose/Curriculum Connection: To obtain dental care such as cleaning, exam, x-rays, sealants, filling and fluoride. Will receive a treatment plan that will be brought home.

** Please contact the school if there are any financial concerns.*

PERMISSION AND CONSENT

In granting such permission and consent, I:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

WAIVER AND RELEASE OF LIABILITY

In consideration for the participation of the above-named student in the field trip described, we, the student and parent(s) or guardian(s), each agree to the following:

1. The student's participation in the field trip or event described is entirely voluntary and is not a mandatory part of the school's curriculum;
2. We **RELEASE FROM LIABILITY AND WAIVE OUR RIGHT TO SUE** the Appleton Area School District and its administrators, directors, employees, school board members, teachers, chaperones, supervisors, volunteers and drivers (collectively "AASD"), **FOR ALL CLAIMS OR DAMAGES**, we separately or collectively may have, **FOR PERSONAL INJURY, BODILY HARM, INJURY TO OR LOSS OF PROPERTY, EMOTIONAL INJURY OR LOSS OF CONSORTIUM**, that may occur at or traveling to or from the event due to the negligence of AASD. We understand that we are not releasing AASD from liability for claims or damages arising from any reckless or intentional act of AASD;
3. We understand that this **WAIVER AND RELEASE** applies to the above-named student, his or her parent(s) or guardian(s), and their agents, representatives, heirs and assigns; and

**WE ACKNOWLEDGE THAT WE HAVE CAREFULLY READ THIS WAIVER AND
RELEASE AND UNDERSTAND ITS IMPACT AND EFFECT.**

(Date)

(Signature of Parent or Guardian)

IMPORTANT: REVERSE SIDE MUST ALSO BE COMPLETED

Student's Name: _____ Date of Birth: _____

CHILD'S HEALTH INFORMATION

For the safety of your child, please indicate any health conditions, allergies, restrictions, or special precautions that should be taken.

Is it necessary for your child to take any medication while on this field trip (prescribed or over-the-counter)?

Yes

No

If yes, please list:

Name of Medication _____ Dosage _____

Time to be taken _____

If it is necessary for your child to take any medicines while on this field trip, please send the medicine in the original container, clearly labeled with your child's name. All medication must be accompanied with written directions and consent from the parent, and if medication prescribed, written physician consent is also needed (this is state law). The required medication forms can be obtained from the school office (HS-015, HS-017, HS-018) or on the Parent tab of the District's website www.aasd.k12.wi.us.

Physician's Name _____ Clinic _____ Phone _____

In case of emergency please contact _____ at _____
(Name) (Phone)

Alternate emergency contact _____ at _____
(Name) (Phone)