

Parental Consent to Student Educational Activity/Field Trip and Release from Liability

We, (I), _____ and _____ (parent(s) signature) the undersigned custodial parent(s) of _____ (student's name), a student of Choctaw County School District, am/are apprised of the fact that said student is desirous of participating in an activity designed to enhance and enrich his/her educational objectives in the form of:

(School Staff Member should place a description of the activity above, the location and duration of that activity and it relation to the educational program prior to sending home.)

By the signature(s) hereto, I/we request the permission for the student to participate in said activity and covenant and agree as follows:

1. By affixing my/our signature(s) hereto, it is agreed that _____ (student's name) will obey and follow the instruction of the faculty or staff member of the Choctaw County School District relative to arrival and departure times of all segments incident to the planned activity and, those instructions and directions related to lodging, meals, transportation, and personal conduct during the time period of this activity. The undersigned consent and agree that the District personnel in charge of the conduct of this activity shall have the exclusive determination of the appropriateness of the student's conformity to discipline and shall have sole discretion to cause the student to leave the activity and return home. The exercise of this discretion shall be made with care and reasonable prudence. By our signature(s) hereto, as parent(s) of said student, I/we guarantee and promise that the expense of the return of the student for disciplinary reasons shall be paid by me (us): and shall not be the obligation of the staff member of the school district. In such event, however, that the student should be directed to return to his/her home and the undersigned have not been available to be apprised of the circumstance; and, should the situation be such that the departure of the student is necessary and/or required for the maintenance of good order, discipline or safety of others; then and in that event, the undersigned promise(s) and agree(s) to pay and reimburse the staff or faculty member or the school district for the reasonable expense of transportation, lodging and meals incurred in so returning said student to his/her home.
2. In the event of the necessity of the rendition of hospital and/or medical care, treatment and/or confinement in the restoration and/or preservation of the good health of the student, the undersigned empower, authorize and request the staff or faculty member in charge of the activity to seek out and secure the same; and, do hereby promise to pay the actual, reasonable and necessary cost of medical care, treatment and for hospitalization as performed, and to indemnify and hold the staff or faculty member and school district harmless from the expenses incurred in said care and treatment of said student.
 By the signature(s) affixed hereto and the designation of the name of the issuing company and number of the policy of medical and hospitalization insurance written on the second page of this agreement, the staff or faculty member is empowered and authorized to execute in our place and stead such medical authorization and/or hospital insurance forms as required to see and obtain admission of the student to medical care and/or hospitalization.
3. The signature(s) affixed hereto acknowledge and agree that by their signature(s), they understand and concur that neither the staff or faculty member in charge of this activity nor the Choctaw County School District are guarantors or insurers of the physical or emotional safety of the student in and during the participation in this activity and the undersigned acknowledge that the said staff or faculty member and the School District are required only to act in the production of things for the needs of the student and the protection of said student from injury and loss in a careful, prudent and reasonable manner; and, they do hereby acquit, discharge and release those persons and the School District from liability from loss or injury suffered by said student, if any, occasioned by the acts of others and covenant and agree to indemnify said staff or faculty member and School District from said students' loss or injury occasioned by others in the event of later claim against said staff or faculty member or the School District by said student predicated upon such incident.

Choctaw County School District
Student Insurance Information

Student Name	Grade
Father's Name	Father's Employer
Home/Cell	Work Phone
Mother's Name	Mother's Employer
Home/Cell	Work Phone
Additional Contact Person(s)	Additional Contact Person's Number
Medical/Hospitalization Insurance Company	
Insurance Policy Number	
Additional Information Concerning Student (extra numbers, allergies, etc.)	

The information listed herein relative to said student and any addresses, telephone numbers, insurance policies, and/or additional contact person(s) to notify in the event of emergency is true and correct.

Student Name or Signature _____
Date _____

Parent/Guardian Signature _____
Date _____

Parent/Guardian Signature _____
Date _____