

PARENT/LEGAL GUARDIAN INFORMED CONSENT FORM FOR FIELD TRIP OR ACTIVITY

Student Name: _____ **Today's Date:** _____

Teacher(s) and Class(es): The Cove School , Junior High and High School Basketball Teams and Coaches

Field Trip or Activity Description: Special Olympics of Illinois State Basketball Tournament

Location: Illinois State University/Illinois Wesleyan University **Date(s) of Field Trip or Activity:** March 15 &16, 2019

Mode of Transportation to Event: Bus _____ Parent/Guardian _____

Mode of Return Transportation: Bus _____ Parent/Guardian _____

Departure Time: Friday 3/15/19 7:25 a.m. **Approximate Return Time:** TBD **Cost of Field Trip:**

Hotel and Food **Additional Information:** I understand that this is an excused absence and any work missed for this trip is to be made up. I understand that staff will supervise students during games and while on bus. Parents are responsible for supervision at all other times. If an issue arises during staff supervised times, parent supervision may be required. If a behavior issue arises, parents may be asked to take their child home.

This signed consent form must be returned to your child's coach no later than: **Thursday 3/14/2019**

MEDICAL INFORMATION AND MEDICAL RELEASE for field trip or activity (describe):

_____ on date: _____.

In the event of an accident or illness, I understand that reasonable efforts will be made to contact the parent/legal guardian immediately. However, if I am not available, I authorize The Cove School to secure emergency medical care as needed.

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, etc.)

_____ **WAIVER:** I understand and agree that neither The Cove School, The Cove School Parent Association, The Cove School Board, nor any of their respective employees, officers, agents, contractors or assigns, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to my child, my family, estate, heirs, or assigns that may occur as a result of my child's participation in this event or as result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of allowing my child to participate in this event, I personally assume all risks of this event whether foreseen or unforeseen, that may befall my child while he/she is a participant in this event. I further release, exempt and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my child's enrollment and participation in this event. I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

Student Name: _____

Parent/Legal Guardian Name(s): _____

Home Address: _____ Cell Phone: _____

Signature Parent/Legal Guardian(s): _____ Date: _____

Alternate phone number(s): _____

Parent/Legal Guardian signature above reflects his/her knowledge and approval of the activity described herein. This form must be returned to Cove School before the student is allowed to participate in the field trip or activity. Notes:

1. If this field trip or activity is rescheduled to another date, this permission slip will be valid for that date.
2. All students must go to the destination and return from the field trip with Cove personnel according to the procedures identified in the Cove Parent Handbook.