

Student Travel - Parent Consent Form

This form communicates to the parents the particulars of this school sponsored activity and affords the teacher/coach trip leader(s) the information necessary to act reasonably in the case of an accident, emergency, or other situation that could arise during this activity.

I permit my child (please print name) _____ to participate in the planned

Student Travel to New York City (see detail in the attached itinerary).

Teacher/Coach Trip Leader(s) Hoey/Pecar Travel dates 3/28-4/1-2024

Cost to each student \$1,329.00

Phone numbers:

	Name	Home Phone #	Work Phone #	Cell Phone #
Parent				
Parent				
Emergency Contact				

Parent's street address _____

Student Emergency Medical Information:

When my child is involved in this school activity and I am otherwise unable to provide authorization directly, I grant the school Trip Leader(s) the authority to act for me and to provide any required consents and authorization for the delivery of medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child named above, and do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. (This authorization is valid for the current school year or until such time as I withdraw the authorization.)

Child's birth date _____ Allergies _____

Current treatments or medications _____

Name of family doctor _____ Phone Number _____

Medical Insurance Company _____ I.D. # _____

Note: Chippewa Valley Schools has a limited health insurance rider that is secondary to the parent's policy coverage.

I give my permission for my child to participate in the above named activity, medical authorization to act in my child's best interests in the event I'm not available to do so, and do hereby relieve Chippewa Valley Schools of all responsibility beyond that of normal care and supervision.

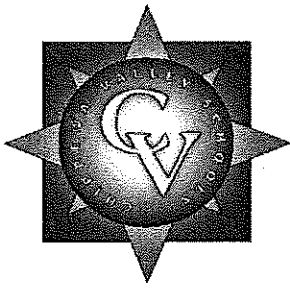
Student behavior in this activity is regulated by and subject to the Parent-Student Code of Conduct.

All students must travel according to the mode indicated unless a special arrangement is made between a parent and the trip leader.

This form must be completed and in the possession of the principal and the trip leader prior to the activity departure and taken by the trip leader on the travel trip.

Parent signature(s)

Date



CHIPPEWA VALLEY SCHOOLS

Educational Services

19120 Cass Avenue, Clinton Township, MI 48038
(586) 723-2020 – FAX (586) 723-2021

Inspiring and empowering learners to achieve a lifetime of success

Ronald R. Roberts
Superintendent

Donald Brosky, Ph.D.
Assistant Superintendent, Educational Services

Karen Langlands, Ed.D.
Executive Director, Innovation & Learning

Marina Licari, M.A.Ed.
Executive Director, Elementary Education

Paul Sibley, Ed.S.
Executive Director, Secondary Education

CHIPPEWA VALLEY SCHOOLS

CANCELLATION TERMS AND CONDITIONS

The Chippewa Valley School District, in its sole discretion, reserves the right to cancel the trip at any time for the well-being of the group or for changes of circumstance. Because the District reserves the right to cancel any trip at any time, it recommends enrollment in the Full Refund Guarantee Program offered by the travel agency. By signing below, you agree that the Chippewa Valley School District is not liable for any losses, financial or otherwise, you may incur if you have elected to not enroll in the Full Refund Guarantee Program offered by the travel agency.

We agree to the Cancellation Terms and Conditions set forth above.

Parent/Guardian

Date

Parent/Guardian

Date

Student Name (Printed): _____



Responsibility Contract for Student Travel & Parent Approval

It is a privilege for you to participate in this District sponsored travel trip. Inherent in this privilege is the responsibility to be governed by the Student Code of Conduct from the time of departure and until the time of return.

I agree to:

- a. refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by school personnel or self-medication and/or possession are properly authorized;
- b. sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened and an adult chaperone is notified;
- c. keep my assigned chaperone advised of my whereabouts at all times;
- d. attend all mandatory activities and meal functions;
- e. adhere to all established curfews;
- f. conduct myself in such a manner as to bring pride to myself, my family, my school, and my community;
- g. adhere to an established dress code;
- h. comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member;
- i. be responsible and accountable for my actions;
- j. pay for damages to property or furnishings or theft of property.

If a problem arises that is serious enough in nature to warrant the below named student's removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: the accompanying professional staff member will make this removal decision after a student has been provided the opportunity to respond to any allegations. The student may be subject to discipline upon return home in accordance with general district policies.

Student Name (Printed): _____

Student Signature

Date

Parent/Guardian Signature

Date