

"BLANKET" PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL-SPONSORED FIELD TRIPS

Student Information			
Student Name:	Date of Birth:		
Address:	Home Pho	Home Phone:	
In case of emergency, notify:	Pho	one:	
<u>Insurance Information</u> Company Providing Insurance:	Policy Number:		
Name of Insured:			
Medical Information Does the student need to take medication? Yes			
Special medical conditions:			
Allergies? Yes No If yes, please identify a Please identify:	llergy: ☐Medication ☐Food ☐Stinging Ins	ects Other	
Dietary Restrictions:			
Release			
I hereby request that (Student's Name-PLEASE) participate in athletic team, band, orchestra, chord or activity. I understand that transportation may of the event transportation is not provided by the Distriction.	is, and/or any series of field trips related to one per may not be provided by the Cobb County Scho	particular area of study ool District (District). In	
Detailed trip information, including destination, d be given in writing to the parents at least two (2)		nd supervision, should	
The District does have an indemnity plan pursuan Even if the plan covers some or all of the trip, the parent I have the option of, and am encouraged to accident insurance offered by the District or through	coverage amounts may not cover all injuries. I purchase student insurance coverage either thro	understand that as a	
If any emergency medical procedures or treatmen arranging for or consenting to the procedures or tr		p supervisor(s) taking,	
I agree to release, indemnify, and hold harmless of Education, and its members, employees, agents, resupervisors ("District Indemnitees") from and for causes of action, liabilities, losses, damages, costs unknown, that I, any other parent or guardian of the may have or may allege to have against the District arising out of or in any manner relating to the studies are injuries or to the rendering of emergence.	epresentatives, successors or assignees, as well a ever promise not to sue them on any and all claims and expenses (including reasonable attorneys's he above-named student, the student or any othe ct Indemnitees or which may be brought against dent's participation in the field trips, including b	as its approved adult trip ms, demands, rights, fees), whether known or r successor or assignee the District Indemnitees	
NOTE: This form must be signed by student if the	e student is 18 years of age or older.		
Name of Parent/Guardian (PLEASE PRINT)	Signature of Parent/Guardian	- Date	

