CHAMPIONS FOR CHILDREN

Bellevue Public Schools

Ins.S. 8-12/12

HEALTH and ACCIDENT INSURANCE PERMISSION TO TREAT OFF-CAMPUS ACTIVITY TRIPS

School policy requires that all students participating in off-campus activity trips be insured.

The undersigned parent/guardian verifies that the following student _____ is insured against injuries that might be incurred during participation in an off-campus activity trip and grants the coach/sponsor permission to have their child treated in case of injury.

_____ _____

Insurance Company Insurance group and individual number

HOLD HARMLESS AGREEMENT AND OFF-CAMPUS ACTIVITY TRIPS

The undersigned parent/guardian of _____ does hereby release and hold harmless the Bellevue Public School District and supervisors from any liability for injuries and/or property damage incurred by the above named student while participating in any off-campus activity trip.

_____

Parent/Guardian's Name (Please Print)

_____ _____

Parent/Guardian's Signature Date

STATE OF NEBRASKA)
) ss.
COUNTRY OF SARPY)

SUBSCRIBED AND SWORN to before me, a notary public, on this _____ day of _____, 20_____.

_____

Notary Public