 Form IFCB-6

**PERMISSION TO PARTICIPATE IN OVERNIGHT FIELD TRIP**

This permission form has been signed only after understanding and considering the following:

|  |  |
| --- | --- |
| 1. Trip Planned: | A trip to Space Camp USA, 1 Tranquility Base Huntsville, Alabama 35805. Students will depart from East Cobb Middle School via charter bus around 11:30 a.m. on Friday January 11, 2019. We will depart Huntsville on Saturday January 12, 2019 at 2 pm and return to ECMS around 6 p.m. that evening. |

|  |  |
| --- | --- |
| 2. Purpose(s) of Trip: | Standards addressed: S6E1. Obtain, evaluate, and communicate information about current scientific views of the universe and how those views evolved. This trip will enhance the learning standards of 6th grade. Students will be building and launching action/reaction rockets, experiencing astronaut training simulators, and other science in space activities. |

|  |  |
| --- | --- |
| 3. Supervision: | 1:20 ratio of ECMS staff to student ratio, plus Space Camp staff. Also a minimum of 1 administrator will attend. |

|  |  |
| --- | --- |
| 4. Transportation: | Coach Buses (His Majesty) |

|  |  |
| --- | --- |
| 5. Requirements: | No special requirements, all students are encouraged to participate in all activities. |

|  |  |
| --- | --- |
| 6. Expectation and  Instructions: | COST: Students who wish to attend will need to pay $225 if paid in full or $250 if paying in installments. NO REFUNDS after October 11, 2018.  Students are expected to exhibit exemplary behavior in order to attend this trip. Students who receive an office referral resulting in ISS or OSS will be unable to attend. |

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Home Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| In case of emergency, notify: |  | Phone: |  |

**Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Providing Insurance: |  | Policy Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Insured: |  | Group Number: |  |

**Medical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Physician: |  | **Phone:** |  |

|  |  |
| --- | --- |
| Immunizations: |  |

|  |  |
| --- | --- |
| Does the student need to take medication? Yes No If so, what medication? |  |

|  |  |
| --- | --- |
| Previous operations or serious illnesses: |  |

|  |  |
| --- | --- |
| Special medical conditions: |  |

|  |  |  |
| --- | --- | --- |
| Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other | |  |
|  | |  |
| Please identify: |  | |

|  |  |
| --- | --- |
| Dietary Restrictions: |  |

**Release**

I understand the above expectations/special instructions and acknowledge that my child is expected to comply with them. Further, I have instructed my child to comply with them as well as other directions given by trip supervisors.

The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.

I (Parent/Guardian Name-PLEASE PRINT): \_\_\_\_\_\_\_\_ acknowledge that participation in the field trip described above is not mandatory and that a quality alternative instructional experience will be provided to those students choosing not to participate.

If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved  adult trip supervisors (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys’ fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student’s participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

**NOTE:** This form must be signed by student if the student is 18 years of age or older.

**Name of Parent/Guardian (PLEASE PRINT) Signature of Parent/Guardian Date**