COBB COUNTY SCHOOL DISTRICT

Form IFCB-4

PERMISSION TO PARTICIPATE IN ONE DAY FIELD TRIPS

Teacher Name: LCDR Ron Hojnowski School Name: Hillgrove High School

General Information

Destination Site: Marietta Aviation Museum, 555 Perrin Rd SE, Marietta, GA

Date(s) of Trip: 23Feb2019 Departure Time: 10:00pm Approximate Return Time: 2:00pm

Donation Requested per Student: $ _____ Method of Transportation: Parent drop off and pickup

Approximate Number of Participating: Students: 40 Adult Supervisors: 2 or more

Additional Teacher Comments: All cadets/parents are encouraged to join us.

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

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.

I request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in the field trip described above and specifically consent to his/her participation.

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