

ANDOVER PUBLIC SCHOOLS
Andover, Massachusetts

**PERMISSION SLIP FOR STUDENTS ENGAGING IN
SCHOOL SPONSORED TRIPS AND STUDENT TRAVEL (*Outdoor Ed-Camps*)
& INDEMNITY & WAIVER AGREEMENT**

I/We, _____ and _____, par-
ent(s)/guardian(s) of _____, the student participating in the subject trip,
understand and agree to the following:

1. I/We affirm and understand that the “Andover Public School Parties”, refer-
enced herein, include the following: the Town of Andover, the Andover School Committee,
the Andover Public Schools and their (both the School’s and the Town’s) respective mem-
bers, officers, officials, employees, superintendents, principals, administrators, personnel,
chaperones, teachers, successors, contractors, subcontractors, vendors, insurers, and assigns.

2. I/We warrant and affirm that I/we am/are the sole legal guardian(s)/parent(s) of
my/our child, _____, and am/are solely authorized to enter into this
Agreement.

3. I/We understand and agree that nothing contained herein creates any obligation
or duty on behalf of the Andover Public School Parties that would not otherwise exist absent
this Agreement.

4. My/Our child, _____, will participate in a trip to
_____, sponsored by the Andover Public Schools from _____ to _____.
For the purposes of this Agreement, the trip shall be referred to as the School Trip.

5. I/We understand that the School Trip includes return transportation from
_____, to Andover, Massachusetts, on _____.

6. I/We understand that the itinerary for the School Trip is as follows:

[Include dates, locations, and contact information for all lodging (this may be
attached as an Appendix, if more convenient).]

7. I/We understand that the cost of the School Trip for my/our child’s participa-
tion is \$_____ and agree to pay this amount in full to _____ no
later than _____.

8. I/We understand that the projected student/chaperone ratio for the School Trip
is one (1) chaperone for every ten (10) students.

9. I/We understand that designated APS staff members and/or the following adult
chaperones will participate in the School Trip: _____ [list chaperones].

10. In the event of emergency involving my/our child during the School Trip, the chaperone(s) may contact the following individuals identified as Emergency Contacts in the attached Appendix A.

11. I/We understand and agree to ensure that my/our child carries sufficient funds with him/her to pay for any and all incidental expenses incurred by him/her on the School Trip. Such incidental expenses include, but are not limited to, telephone charges, food charges, room damage charges, and souvenirs.

12. I/We understand and agree that all Andover Public Schools policies on student behavior, student handbook rules and regulations, Massachusetts Interscholastic Athletic Association (MIAA) rules and regulations (HS only), and trip rules, as specified in Section B, Item 6 of the Policy on School-Sponsored Trips and Student Travel (policy JJH in the SC Policy Manual), regarding student conduct will apply and be in effect at all times for the School Trip. I/We confirm that I/We also have received and have read a copy of the document which contains specific rules for the School Trip regarding conduct, use of alcohol and/or controlled substances, and other requirements and I/We understand and agree that all such rules shall also apply to my/our child during the School Trip. I/We further understand and agree that the chaperone(s) may dismiss my/our child from participation in the School Trip in the event of misconduct in accordance with the Policy on School-Sponsored Trips and Student Travel or in the event of illness. Determination of what behavior constitutes misconduct which warrants dismissal will be left to the sole discretion of the chaperone(s) in charge, as will the determination as to whether the student's illness warrants dismissal. Immediately upon dismissal, the chaperone(s) will arrange for return transportation to the assigned school at Andover Public Schools for my/our child. To the extent possible, during the return transportation my/our child will be escorted by a member(s) of the carrier staff and/or APS staff. I/We understand and agree that it is my/our responsibility to meet my/our child at Andover Public Schools or at other designated facility upon his/her return.

13. I/We understand and agree that in the event that our child is dismissed from participation in the School Trip at any time, I/We will bear any and all expenses associated with the return transportation. To that end, I/We agree upon being contacted by a representative of Andover Public Schools to make arrangements by credit card to purchase return transportation in the event of dismissal.

14. I/We understand and agree that, in the event of my/our child's dismissal, no portion of the costs of the School Trip that I/we paid to enable our child to participate will be returned to me/us or my/our child at any time.

15. I/We understand and agree that my/our child bears sole responsibility for maintaining his/her personal property during the School Trip, including, but not limited to: cash, identification documents, insurance information, clothing, luggage, medication(s), toiletries, etc. The Andover Public School Parties bear no responsibility for maintenance or protection of my/ our child's personal property.

16. I/We certify that I/we have fully and accurately completed Appendix A, attached hereto and incorporated herein, pertaining to my/our child's health and medical history. I/We understand and agree that the Andover Public School Parties are not responsible for providing healthcare of any kind to my/our child. In the event of emergency, I/We agree that

the chaperone(s) in charge shall be authorized to seek emergency medical treatment and/or care for my/our child. I/We authorize the Andover School Parties to share the information contained in Appendix A with the School Trip chaperones and with any third parties (physician, nurse, EMT, etc.) involved in the treatment and/or care of my/our child on the School Trip. I/We further agree and consent to such treatment and/or care by the physician(s) or other medical professional(s) to whom such information is provided by the chaperone(s). I/We understand and acknowledge that Andover Public Schools has no insurance covering medical or hospitalization costs incurred for my/our child and that any and all such costs are my/our sole responsibility

17. I/We understand and agree that my/our child shall be solely responsible for administering his/her own medication(s)/injection(s) during the School Trip to the extent that he/she does so during attendance at school and is able to do so, in accordance with the Andover Public Schools Policy on Administering Medicines to Students–Policy JLCD in numerical paragraphs 1-4. Students attending outdoor education programs, who require medications, will have their meds administered by outdoor education program personnel. Parents will sign a separate medical administration form provided by the program. The Andover Public School Parties will not insure, monitor, or in any way oversee, my/our child’s consumption of any medication(s)/injection(s). prescribed or otherwise.

18. I/We understand and agree that the Andover Public School Parties make no representations or guarantees regarding the quality or availability of medical care (emergency, or otherwise) during the course of the School Trip.

19. In consideration of the Andover Public School Parties’ arrangement of the School Trip, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I/We agree as follows:

a. I/We, on my/our own behalf as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, heirs, assigns, and all those in privity with me/us, forever release, waive and forfeit any rights whatsoever that I/We now hold, or may in the future acquire, to assert claims of any nature whatsoever against the Andover Public School Parties arising from or in any way related, directly or indirectly, to the School Trip, including but not limited to claims arising out of alleged injury or damage, claims arising out of alleged failure to perform obligations, and claims arising out of alleged cancellation or termination of the trip.

b. I/We, on my/our own behalf as well as on behalf of my/our child, my/our respective agents, successors, spouses, co-guardians, heirs, assigns, and all those in privity with me/us, shall indemnify, defend and hold harmless the Andover Public School Parties, from and against any and all losses, liabilities, damages, claims, liens, and/or demands of whatsoever kind or nature sounding in contract, tort, statute or otherwise, arising from or in any way related, directly or indirectly, to my/our child’s actions during the School Trip, alleged or pursued by any third party or parties, whether entity or individual, at any time. I/We agree that this indemnity provision shall be interpreted as broadly as the law of the Commonwealth of Massachusetts permits and that it expressly obligates me/us to indemnify and defend the Andover Public School Parties, including costs and reasonable attorneys’ fees, and hold them harmless from any and all claims relating in any way to the School Trip.

20. I/We understand and acknowledge that Andover Public Schools has no connection or relationship to or with any trips other than those which are school-sponsored trips and that the Andover Public School Parties have no liability or responsibility of any kind or to any extent for any harm, injuries, or damages of any kind incurred in connections with trips which are not school-sponsored trips. I/We acknowledge and confirm that I/We have obtained and read a copy of the document issued by Andover Public Schools which has approved the School Trip as a school-sponsored trip.

21. I/We acknowledge and confirm that I/We have read the Andover Public Schools Policy on School-Sponsored Trips and Student Travel - Policy JJH, available on the APS website (www.aps1.net) on the School Committee web page in the Policy Manual.

22. This agreement is governed by, and shall be interpreted and enforced in accordance with, Massachusetts law.

NOTE – SIGNATURES OF ALL PARENTS AND GUARDIANS ARE REQUIRED IN ADDITION TO THE SIGNATURE OF THE STUDENT PARTICIPANT (if there are more than two parents/guardian, please contact the school for an additional signature page)

PARENT/GUARDIAN NO. 1:

Signed subject to the pains and penalties of perjury this _____ day of _____, 20 .

Name:

Relationship to Child:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that he/she has read the foregoing document entitled “Permission Slip for Students Engaging in School-Sponsored Trips, Fieldwork, and Student Travel and Indemnity and Waiver Agreement”, that he/she understands the document in its entirety, and that he/she agrees to all of its terms and conditions. He/she also affirms that the student whose signature appears below is _____ (student’s name).

_____ (official signature and seal of notary)

My commission expires _____

PARENT/GUARDIAN NO. 2:

Signed subject to the pains and penalties of perjury this _____ day of _____, 20 .

Name:

Relationship to Child:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that he/she has read the foregoing document entitled "Permission Slip for Students Engaging in School-Sponsored Trips, Fieldwork, and Student Travel and Indemnity and Waiver Agreement", that he/she understands the document in its entirety, and that he/she agrees to all of its terms and conditions. He/she also affirms that the student whose signature appears below is _____ (student's name).

_____ (official signature and seal of notary)

My commission expires _____

STUDENT PARTICIPANT:

I have read this document, understand it, and agree to the rules of the field trip, its terms and conditions. Signed this _____ day of _____, 20____.

Signature of Student

APPENDIX A

**MEDICAL INFORMATION, AUTHORIZATION, AND EMERGENCY CONTACT
(This information will be provided to the School Trip chaperones and any third parties
involved in the medical treatment of the student during the School Trip.)**

Name of Student: _____

Name of Father: _____

Name of Mother: _____

Name(s) of all other legal guardians: _____

• **Emergency Contact Information:**

Parent/Guardian No. 1:

_____ (home)

_____ (work)

_____ (cell)

_____ (other)

Parent/Guardian No. 2:

_____ (home)

_____ (work)

_____ (cell)

_____ (other)

Other: _____ (name)

_____ (relationship to child)

_____ (home)

_____ (work)

_____ (cell)

_____ (other)

- Student's Primary Care Physician:

_____ (name)
 _____ (location of practice)
 _____ (contact information)
 _____ (contact information)

- List all required medications/injections and attach copies of any and all prescriptions that your child will carry with him/her on the School Trip:

[Example: Medication = tetracycline; Purpose = acne control; Prescribing physician = Dr. John Smith; Dosage = one table per day; attach a copy of the prescription and check the box to confirm attachment]

Medication	Purpose	Prescribing Physician	Dosage	Copy Attached (check box)

- Is your child is able to swim? Yes / No
- Does your child have any known allergies (medications, foods, substances, insect venom, etc.)? Yes / No

If yes, please provide the following information:
 [Example: Allergy = bee sting; Symptom = shock, inability to breathe; Treatment = EpiPen and emergency medical treatment]

Allergy	Symptom(s)	Treatment/Medication

- Does your child have any physical or mental health limitations or issues? Yes / No

If yes, please provide the following information: [Example: Limitation = hypoglycemia; Symptom = dizziness; Treatment = food and/or medication (specify which)]

Limitation/Issue	Symptom(s)/Impact(s)	Treatment/Medication

- Does your child have any dietary restrictions? Yes / No

If yes, please provide the following information: [Example: Restriction = sweets; Reason for Restriction = diabetes; Treatment = medication (specify which)]

Restriction	Symptom(s)	Treatment in event of non-compliance

- Please include all other information concerning your child's medical, physical, or mental health history that you wish the School Trip chaperones to be aware of:

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