

RELEASE FORM FOR FIELD TRIPS, ATHLETIC ACTIVITES, OTHER EVENTS
REQUIRING SYSTEM TRANSPORTATION

_____ (group) is planning an off-campus trip. Permission is requested for your child to participate.

I, as parent, custodian, or guardian of the above named minor, hereby release the Bryan County Board of Education, its employees and agents from any and all claims I may assert against such because of my child's participation in an off-campus event. This release shall act as a release of all claims that may occur at the event as well as all claims that may arise because of travel to and from the event.

CHILD'S NAME: _____

DATE OF TRIP: _____ **DESTINATION:** _____

Student must obtain signature approval from all current teachers prior to submitting release form.

1 st Block	2 nd Block	3 rd Block	4 th Block

PARENT'S NAME: _____

PERSON(S) TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

INSURANCE INFORMATION

Policy (Company) Name _____ Policy/Group Number: _____

Name of Insured _____

MEDICAL INFORMATION

The following information will be provided to EMS personnel, physician(s), and other health care personnel as needed in the event your child needs assistance and you cannot be located. I/We, the parent(s) of _____, hereby give EMS personnel, physician(s) and other health care personnel permission to render medical treatment to the child in case of illness or injury. I further authorize you to transport the child to _____ Hospital and/or the family physician, _____ at (phone number) _____.

If the family physician cannot be contacted, I authorize the emergency room physician to treat the child. I hereby release the Bryan County Board of Education and its employees and agents from all claims arising from such treatment or care.

MY CHILD HAS THE FOLLOWING MEDICAL CONDITIONS OF WHICH YOU SHOULD BE AWARE IN PROVIDING HEALTH TREATMENT:

MY CHILD HAS AN ALLERGY TO THE FOLLOWING MEDICATION(S): _____

MY CHILD IS TAKING THE FOLLOWING MEDICATION(S): _____

Parent/Guardian Signature

NONDISCRIMINATION STATEMENT

It is the policy of the Bryan County Board of Education not to discriminate on the basis of sex, age, race, handicap, disability, religion, or national origin in the educational programs and activities or in admissions to facilities operated by the Bryan County Board of Education or in the employment practices of the Bryan County School System. The Bryan County Board of Education complies with all aspects of Title 1X of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964 (Amended, 1973), Title 11 of Vocational Education Amendments of 1976, Title VII of the Civil Rights Act of 1964 (Amended, 1974), Title XXIX of age Discrimination, Act of 1967, Section S04 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act.

DEADLINE TO TURN IN RELEASE FORM: _____